

Name  
in  
Full

272  
CERTIFICATE OF DEATH

Anthony Arnold  
Town Westminster County Carroll

MARYLAND

Date of death 190 Oct 31 Age 81 Months 3 Days -

Sex Male Color or Race White Birthplace Maryland  
Occupation Farmer Where Residing if not at place of death -

Married, Single or Widowed married Name of Wife or Husband Nancy Brothers

Father's Name Charles Arnold Father's Birthplace Maryland

Mother's Maiden Name Margaret Woolery Mother's Birthplace Md

Name of person giving information Ella Arnold How related to deceased Daughter

CAUSES OF DEATH

30

Primary Spinal Disease result of fall. about 8 mos.  
How long 8 mos.

Immediate General Debility

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician Chas R Fortz

Address Westminster Md

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Dear Paul.

Name  
in  
Full

Sarah A. Barnett

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

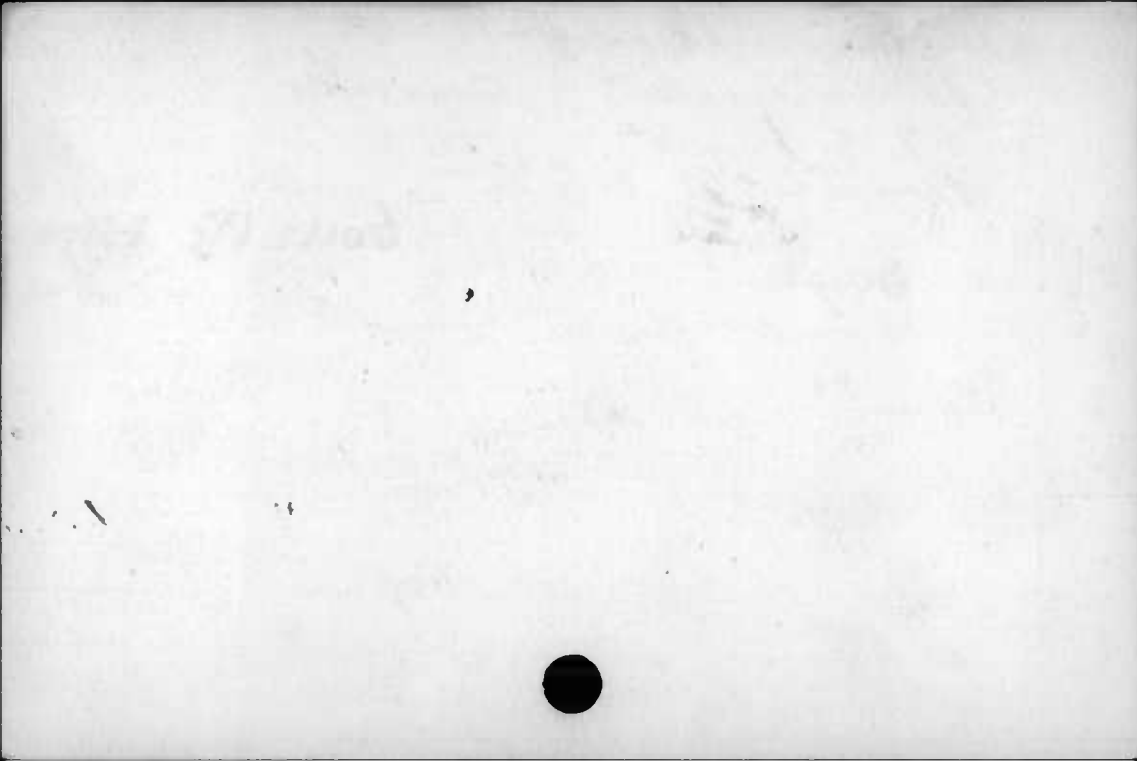
Died at		Town Eldersburg		County Carroll		MARYLAND	
Date of death		1907	Month Oct	Day 18	Age Years 58	7	Months Days
Sex Female		Color or Race White		Birth- place Carroll Co. Md			
Occupation Housewife				Where Residing if not at place of death same			
Married, Single or Widowed married		Name of Wife or Husband Samuel W. Barnett					
Father's Name Jesse Frederick R		Father's Birthplace Md.					
Mother's Maiden Name Julia Elder		Mother's Birthplace Md					
Name of person giving Information S. W. Barnett		How related to deceased Husband					

## CAUSES OF DEATH

①

PHYSICIAN  
OR CORONER

Primary	Typhoid fever	How long	2 weeks
Immediate	Hemorrhage	How long	8 hrs
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician M D Morris
		Address Eldersburg	Md
Accident or Suicide?			



Name  
in  
Full

255  
CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Westminster</i>		County <i>Carroll</i>		MARYLAND	
Date of death <i>1907</i>	Month <i>Oct</i>	Day <i>5-</i>	Age <i>88</i>	Months	Days
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Carroll Co., Md</i>			
Occupation <i>Widow</i>	Where Residing if not at place of death <i>Courthouse Home</i>				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband				
Father's Name <i>Unknown</i>	Father's Birthplace				
Mother's Maiden Name <i>"</i>	Mother's Birthplace				
Name of person giving information <i>Mary Humbert</i>	How related to deceased <i>Friend</i>				

CAUSES OF DEATH

**166**

PHYSICIAN  
OR CORONER

Primary <i>Injury to Spine from Fall</i>	How long <i>2 days &amp; 2.</i>
Immediate <i>Heart.</i>	How long <i>18 hours -</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>John S. Mathias</i>
	Address <i>Westminster Md</i>
Accident or Suicide? <i>Fall -</i>	

Meadow Branch Ceu.  
Stoner

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

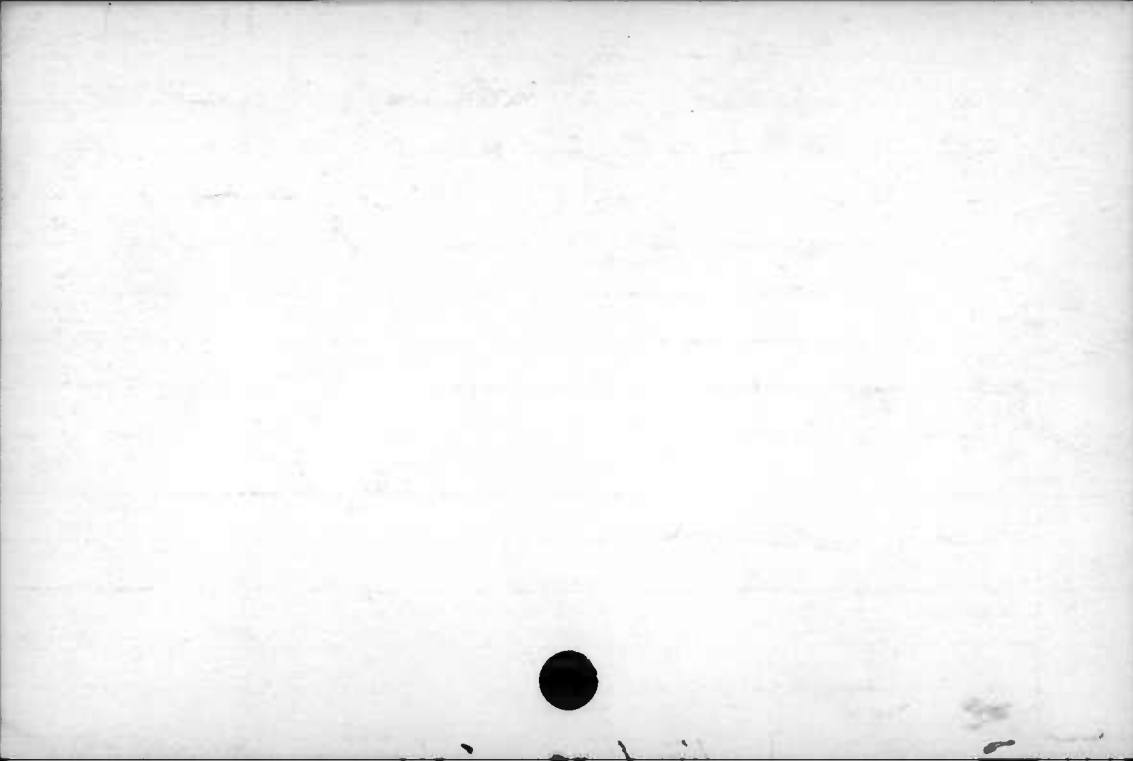
Name in Full <i>Henry Bengel</i>		Town <i>Sykesville</i>		County <i>Carroll</i>		MAYLAND	
Died at <i>Sykesville</i>		Date of death <i>1907 Oct. 2nd</i>		Age <i>53</i>		Months <i>—</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Virginia</i>		Days <i>—</i>	
Occupation <i>Barber</i>		Where Residing if not at place of death <i>Springfield State Ho.</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name <i>Unknown</i>		Father's Birthplace <i>Unknown</i>					
Mother's Maiden Name <i>Unknown</i>		Mother's Birthplace <i>Unknown</i>					
Name of person giving information <i>Hospital Record</i>		How related to deceased					

## CAUSES OF DEATH

168

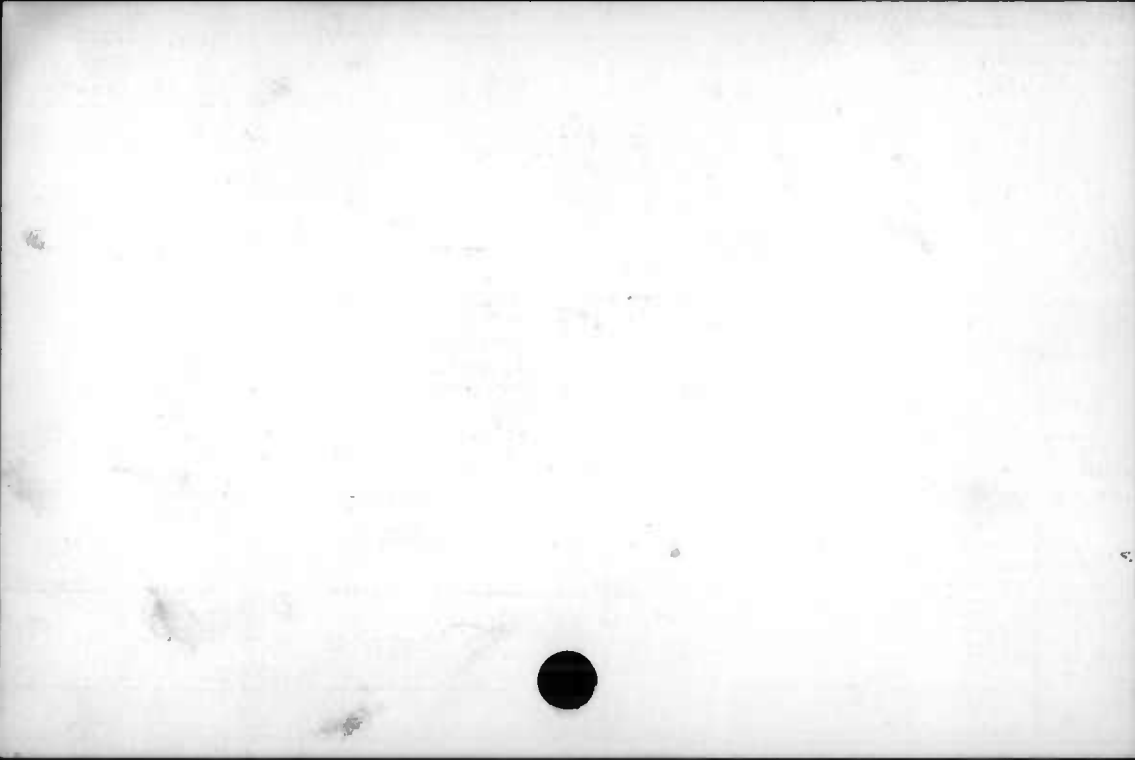
PHYSICIAN  
OR CORONER

Primary <i>Melancholia</i>	How long <i>9 yrs.</i>
Immediate <i>Exhaustion</i>	How long <i>3 days.</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. C. Clark M.D.</i>
	Address <i>Sykesville</i>
Accident or Suicide?	<i>and</i>









Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

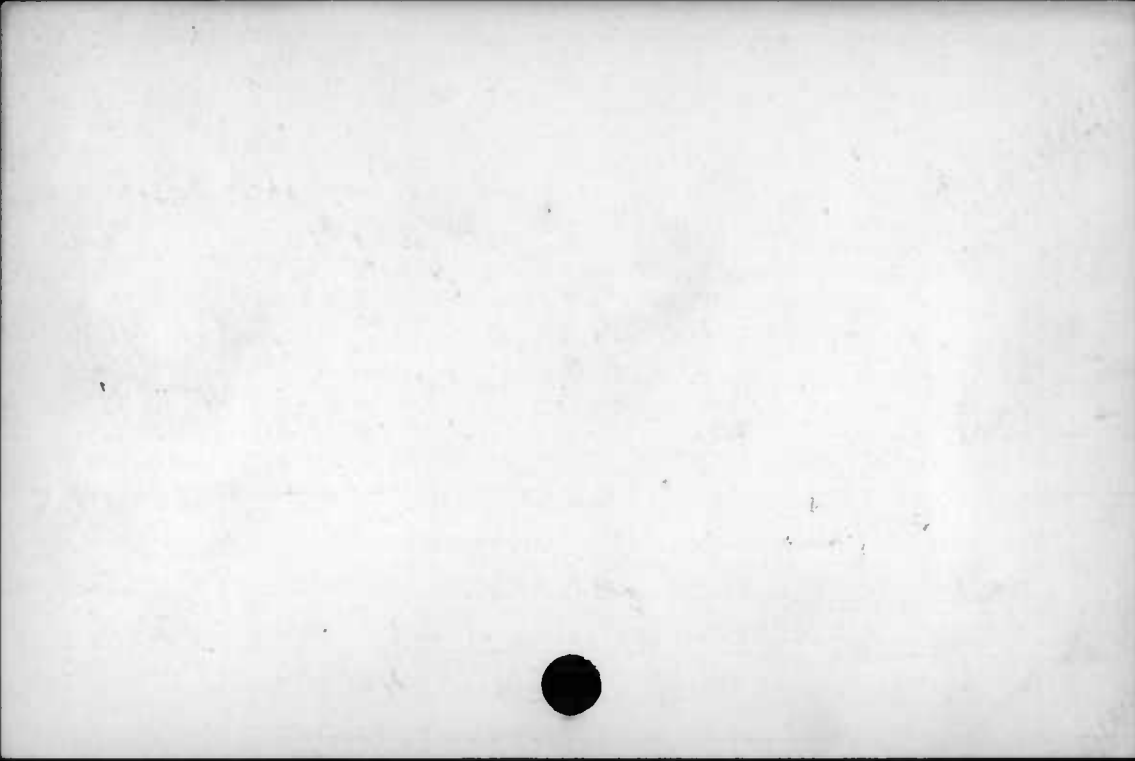
Name <i>Ethel Leon Bowman</i>		Town <i>Silver Run</i>		County <i>Garroll</i>		MAYLAND	
Died at <i>Silver Run</i>		Month <i>Oct</i>		Day <i>16</i>		Years <i>28</i>	
Date of death <i>1907</i>		Month <i>Oct</i>		Day <i>16</i>		Years <i>28</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth place <i>Silver Run Ind.</i>			
Occupation _____		Where Residing if not at place of death _____					
Married, Single or Widowed _____		Name of Wife or Husband _____					
Father's Name <i>Oliver E. Bowman</i>		Father's Birthplace <i>Garroll Co.</i>					
Mother's Maiden Name <i>Bertie W. Dressinger</i>		Mother's Birthplace <i>Garroll Co.</i>					
Name of person giving In formation <i>Oliver E. Bowman</i>		How related to deceased <i>Father</i>					

## CAUSES OF DEATH

(1151)

PHYSICIAN  
OR CORONER

Primary <i>In an asinus</i>	How long <i>3 weeks</i>
Immediate <i>Exhaustion</i>	How long <i>1 day</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>H. Lewis Vitzel</i>
	Address <i>Union Mills Ind.</i>
Accident or Suicide? _____	



Name  
in  
Full

John E. Burgess

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town <i>Ridgerville</i>		County <i>Carroll</i>		MARYLAND	
Date of death	1907	Month <i>Oct</i>	Day <i>7</i>	Age <i>16</i>	Years	Months <i>4</i>	Days <i>7</i>
Sex <i>Male</i>	Color or Race <i>white American</i>		Birth- place <i>New Market</i>				
Occupation <i>None</i>			Where Residing if not at place of death				
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name <i>John E. Burgess</i>				Father's Birthplace <i>New Market</i>			
Mother's Maiden Name <i>Nettie L. Hammond</i>				Mother's Birthplace <i>New Market</i>			
Name of person giving In formation <i>Miss Mattie Hammond</i>				How related to deceased <i>Daughter</i>			

## CAUSES OF DEATH

104

PHYSICIAN  
OR CORONER

Primary	<i>Ostitis Deformans</i>	How long	<i>2 Years</i>
Immediate	<i>Acute Indigestion</i>	How long	<i>36 hours</i>
Are the name, age, sex, color, date and place correctly given above?		<i>Yes</i>	
Signature of Physician		<i>L. E. Brownwell</i>	
Address		<i>Mt. Airy</i>	
Accident or Suicide?		<i>Yes</i>	

21



Name  
in  
Full

Hannah E. Collins

## CERTIFICATE OF DEATH

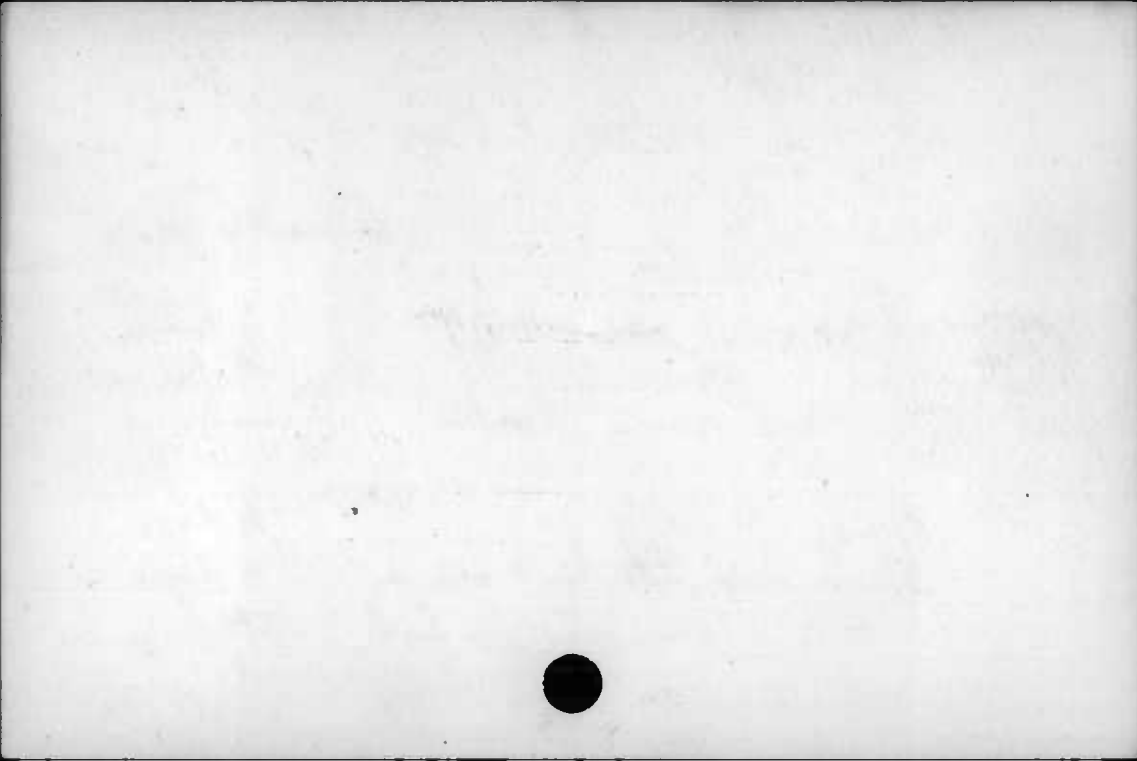
TO BE ANSWERED BY  
NEAREST FRIEND

Town			County			MARYLAND					
Died at near Eldersburg			Carroll								
Date of death	1907	Month	Oct.	Day	4	Age	34	Months	11	Days	26
Sex	Female		Color or Race	Black			Birth-place	Md.			
Occupation						Where Residing if not at place of death					
Married, Single or Widowed	Married		Name of Wife or Husband	Allen I. Collins							
Father's Name	John Gosnell					Father's Birthplace	Md.				
Mother's Maiden Name	Marcia Hall					Mother's Birthplace	Md.				
Name of person giving information	Elsie Collins					How related to deceased	Sister-in-law				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Typhoid fever		How long	1 month
Immediate			How long	
Are the name, age, sex, color, date and place correctly given above?	yes		Signature of Physician	M D Horner
			Address	Eldersburg.
Accident or Suicide?	—			





Name  
in  
Full

Hannah Ford

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

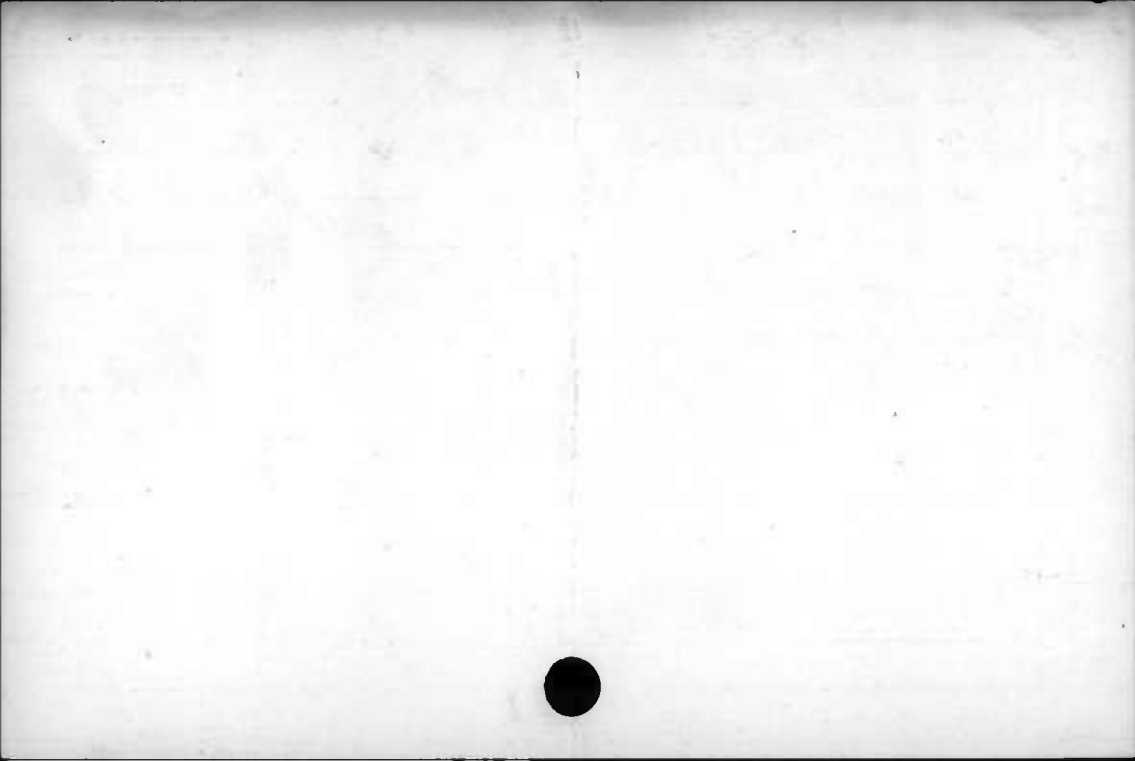
Died at		Town Berrett		County Carroll		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1907		Oct.	12 <sup>th</sup>	Age	Unknown		
Sex	Female		Color or Race	white		Birth place	Unknown
Occupation	House maid			Where Residing if not at place of death		At place of death	
Married, Single or Widowed	Single		Name of Wife or Husband				
Father's Name	William Ford				Father's Birthplace	Unknown	
Mother's Maiden Name	Green				Mother's Birthplace	Unknown	
Name of person giving information	Mrs Annie Streaker				How related to deceased	None	

## CAUSES OF DEATH

79

PHYSICIAN  
OR CORONER

Primary	Cold	How long	4 days
Immediate	Pneumonia with heart affection	How long	5 days
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		E D Crook	
Address		Winfield Carroll Co.	
Accident or Suicide?			



Name  
in  
Full

Rachael Frock

265  
CERTIFICATE OF DEATHTO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Bachman's Valley</i>		Town <i>Carroll</i>		County		MARYLAND	
Date of death <i>1907</i>	Month <i>Oct</i>	Day <i>28</i>	Age <i>84</i>	Years <i>8</i>	Months <i>7</i>	Days	
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Maryland</i>				
Occupation <i>House Keeper</i>			Where Residing if not at place of death <i>Home</i>				
Married, Single or Widowed <i>Widow</i>	Name of Wife or Husband <i>Michael Frock</i>						
Father's Name <i>Jacob Kridler</i>	Father's Birthplace <i>Ind</i>						
Mother's Maiden Name <i>Rebecca Fells</i>	Mother's Birthplace <i>Ind</i>						
Name of person giving information <i>Mrs Christ Smith</i>			How related to deceased <i>Daughter</i>				

## CAUSES OF DEATH

79

PHYSICIAN  
OR CORONER

Primary	<i>Organic Heart Trouble</i>	How long <i>1</i>
Immediate	<i>Dropsy</i>	How long <i>One Year</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>John L. Stewart</i>
		Address <i>Westminster Ind</i>
Accident or Suicide?		

Bachmans Cemetery  
Stoner.

Name  
in  
Full

260  
CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Westminster</u> <sup>Town</sup>		County <u>Carroll</u>		MARYLAND	
Date of death	1907	Month <u>Oct</u>	Day <u>12</u>	Age <u>66</u> <sup>Years</sup>	Months <u>3</u> Days <u>2</u>
Sex <u>Female</u>	Color or Race <u>white</u>		Birth-place <u>Germany</u>		
Occupation <u>Housewife</u>	Where Residing if not at place of death <u>-</u>				
Married, Single or Widowed <u>married</u>	Name of Wife or Husband <u>Anthony Gahl</u>				
Father's Name <u>George Kestner</u>	Father's Birthplace <u>Germany</u>				
Mother's Maiden Name <u>Margaret Mandelina</u>	Mother's Birthplace <u>Germany</u>				
Name of person giving information <u>Anthony Gahl</u>	How related to deceased <u>Husband</u>				

CAUSES OF DEATH

164

PHYSICIAN  
OR CORONER

Primary <u>Cholera</u>	How long <u>Immediate</u>
Immediate <u>Exhaustion</u>	How long <u>2 hrs</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>Chas. R. Fouts</u>
	Address <u>Westminster, Md</u>
Accident or Suicide? <u>-</u>	

Catholic cemetery  
Stoner.

Name  
in  
Full

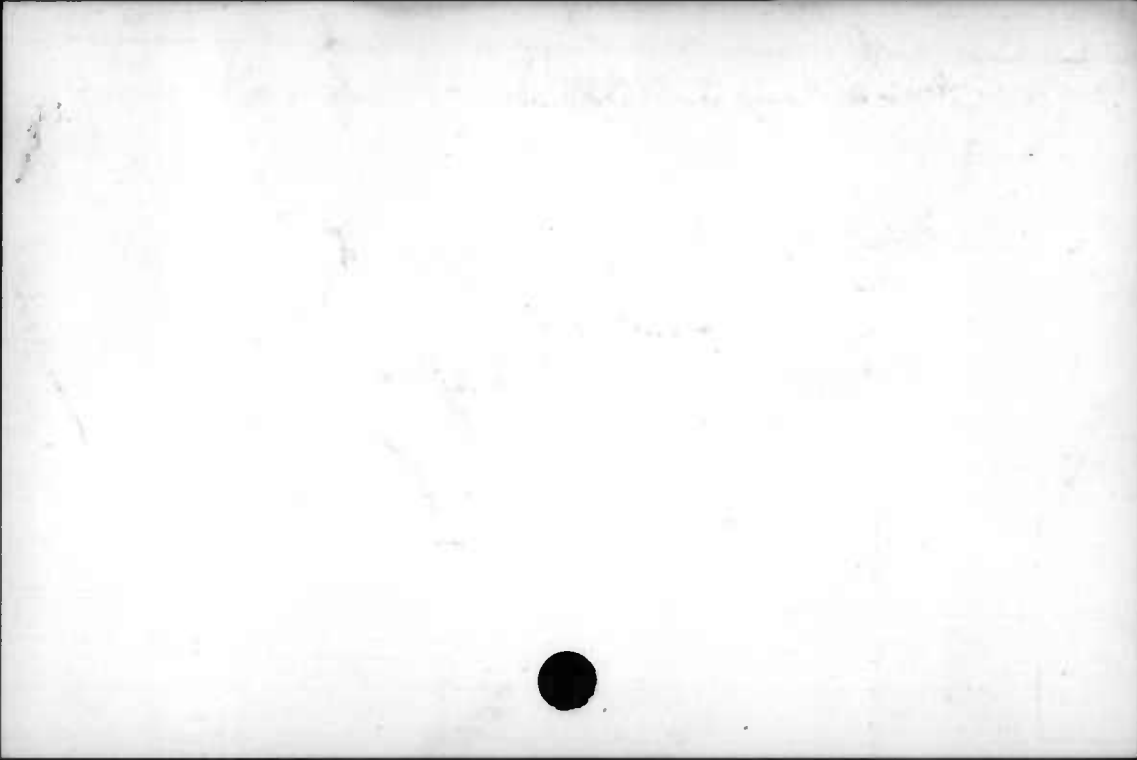
CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Garnetia Garwick</i>		County <i>Barroll</i>		TOWN <i>Kridlers</i>		MAYLAND	
Died at <i>Kridlers</i>		County <i>Barroll</i>		TOWN <i>Kridlers</i>		MAYLAND	
Date of death <i>1907 Oct 5</i>		Day <i>5</i>		Age <i>10</i>		Months <i>6</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birthplace <i>Kridlers</i>		Days <i>29</i>	
Occupation <i>Child</i>		Where Residing if not at place of death <i>Home</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name <i>Levi Garwick</i>		Father's Birthplace <i>Bethlehem Pa</i>					
Mother's Maiden Name <i>Mamie Garwick</i>		Mother's Birthplace <i>Pa</i>					
Name of person giving information <i>Mother</i>		How related to deceased <i>Mother</i>					

PHYSICIAN  
OR CORONER

CAUSES OF DEATH		(9)	
Primary <i>Diphtheria</i>	How long <i>Three days</i>		
Immediate <i>Heart failure</i>	How long <i>Six hours</i>		
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Charles Keagy</i>	Address <i>Hanover Pa</i>	
Accident or Suicide? <i>No</i>		<i>R. K. H. 2</i>	





Name  
in  
Full

259  
CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

*Lena Josephine Gilbert*

Town *Westminster* County *Carroll* MARYLAND

Died at *Westminster*

Date of death *1902 Oct 11* Age *79* Months *5* Days *18*

Sex *Female* Color or Race *White* Birthplace *Germany*

Occupation *General house work* Where Residing if not at place of death *—*

Married, Single or Widowed *Widow* Name of ~~Wife or~~ Husband *Wendell Gilbert*

Father's Name *John A Hirsch* Father's Birthplace *Germany*

Mother's Maiden Name *Anna Mary Neuman* Mother's Birthplace *LI*

Name of person giving information *Josephine Hann* How related to deceased *Son's sister*

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Old Age* *154* How long *Several yrs*

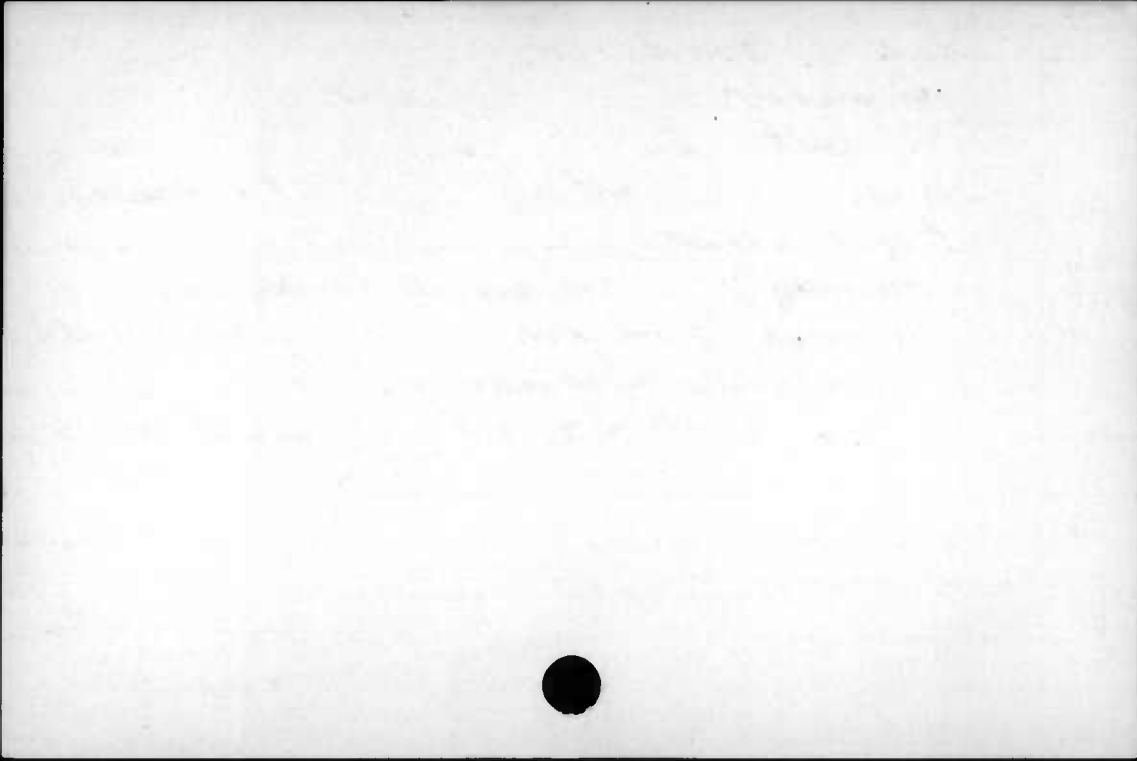
Immediate *Heart Failure* How long *1/2 hr.*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *J. J. Coonan M.D.*

Address *Westminster*

Accident or Suicide? *—*



Name  
in  
Full249  
CERTIFICATE OF DEATHTO BE ANSWERED BY  
NEAREST FRIEND

*Lilas of Gonsuch*

Town *Gaithersburg* County *Carroll* MARYLAND

Died at *Gaithersburg*

Date of death 1907 *Oct* 3 Age *62* Months *—* Days *25*

Sex *Male* Color or Race *White* Birth-place *Maryland*

Occupation *Physician* Where Residing if not at place of death *—*

Married, Single or Widowed *Married* Name of Wife or Husband *Susan Burnett*

Father's Name *Thomas Gonsuch* Father's Birthplace *Maryland*

Mother's Maiden Name *Matilda Bolinger* Mother's Birthplace *Del*

Name of person giving information *B Frank Gonsuch* How related to deceased *Son*

## CAUSES OF DEATH

Primary

*Apoplexy*

How long

*about 3 hours*

Immediate

*Heart Failure*

How long

Are the name, age, sex, color, date and place correctly given above?

*yes*

Signature of Physician

Address

*Thos J Coonan*

*Westminster*

*MD*

Accident or Suicide?

Proulx church

Shaner

Name  
in  
Full

Daniel C. Green

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

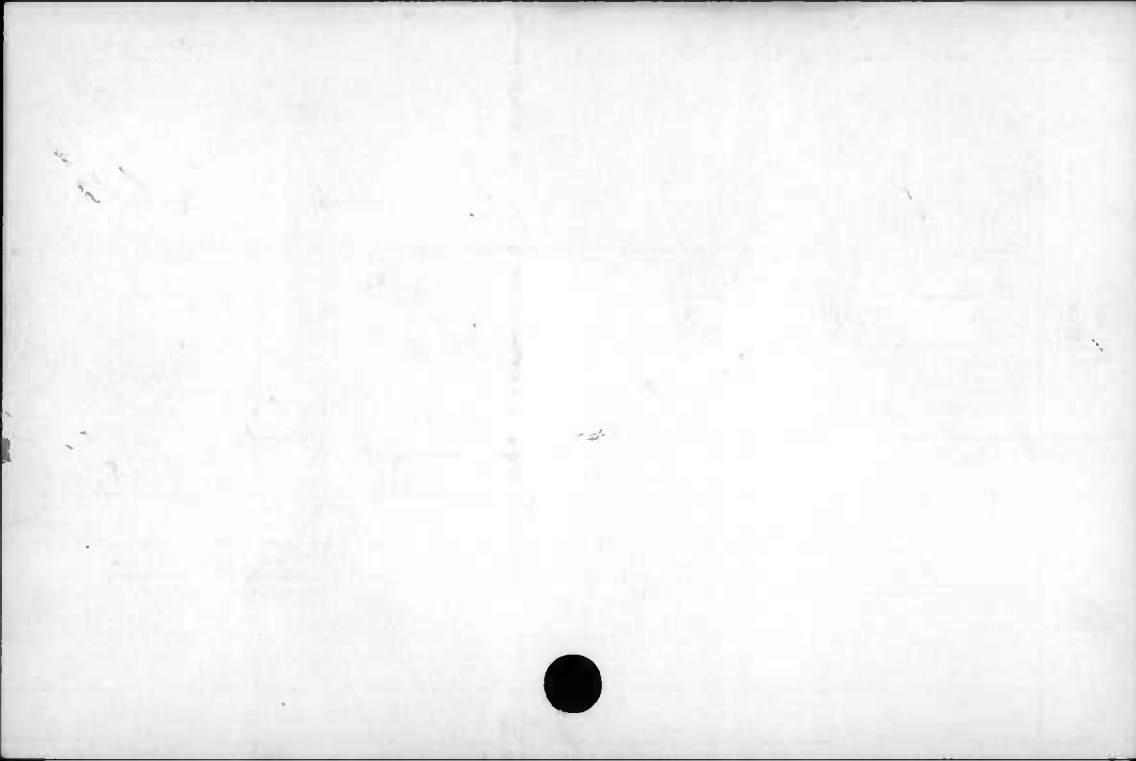
Died at <i>Springfield Hospital</i>		Town <i>Barroll</i>		County	
Date of death	1907	Month <i>Oct</i>	Day <i>13</i>	Age <i>37</i>	Years
Sex	<i>Male</i>		Color or Race	<i>White</i>	
Occupation	<i>Clothing Cutter</i>		Birth place	<i>md.</i>	
Married, Single or Widowed	<i>Single</i>		Where Residing if not at place of death		
Father's Name	<i>Henry Green</i>		Father's Birthplace	<i>md.</i>	
Mother's Maiden Name	<i>Margaret</i>		Mother's Birthplace	<i>md.</i>	
Name of person giving information	<i>Hospital records</i>		How related to deceased		

## CAUSES OF DEATH

(67)

PHYSICIAN  
OR CORONER

Primary	<i>General Paralysis</i>	How long	<i>about 2 yrs</i>
Immediate	<i>Exhaustion</i>	How long	<i>Progressive</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>Char. J. Conner</i>
		Address	<i>Lynchville Md.</i>
Accident or Suicide?	<i>No</i>		



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <b>F. Darden Hall Jr</b>		Town <b>Lanndale</b>		County <b>Carroll</b>		MARYLAND	
Died at		Date of death		Age		Months Days	
1907		Oct 1		2		11 27	
Sex <b>male</b>		Color or Race <b>white</b>		Birth place <b>Balto Md</b>			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed <b>Single</b>				Name of Wife or Husband			
Father's Name <b>F. Darden Hall</b>				Father's Birthplace <b>Na</b>			
Mother's Maiden Name <b>Org Hopkins</b>				Mother's Birthplace <b>Balto Md.</b>			
Name of person giving information <b>F. D. Hall</b>				How related to deceased <b>Father</b>			

## CAUSES OF DEATH

106

PHYSICIAN  
OR CORONER

Primary	<b>Cholera morbus</b>	How long	<b>2 days</b>
Immediate	<b>Meningitis</b>	How long	<b>2 days</b>
Are the name, age, sex, color, date and place correctly given above? <b>Yes.</b>		Signature of Physician <b>W. L. Morgan Md</b>	
		Address <b>202 W Franklin St Baltimore City</b>	
Accident or Suicide?			

Interment at Loudon Park  
Cemetery Baltimore Md

Oct 3 1917

Stewart & Mowen Co  
undertakers

Baltimore Md



Name  
in  
Full

Maria T. Hartbrook

263

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Westminster		County Barroll		MARYLAND	
Date of death	1907	Month Oct.	26	Age	5-5-	Months 2	Days 1
Sex	Female		Color or Race	white		Birth- place	Ind.
Occupation	No occupation			Where Residing if not at place of death			
Married, Single or Widowed	Single		Name of Wife or Husband				
Father's Name	Henry Hartbrook					Father's Birthplace	Ind.
Mother's Maiden Name	Mary Roof					Mother's Birthplace	Ind.
Name of person giving In formation	Mrs. J. B. T. Sellman					How related to deceased	Sister

## CAUSES OF DEATH

120

PHYSICIAN  
OR CORONER

Primary	Chronic Nephritis	How long	Several years
Immediate	Acute Nephritis - dyspnea	How long	12 days
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		Chas R. Fous	
Address		Westminster	
Accident or Suicide		Ind	

Stone Chapel

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

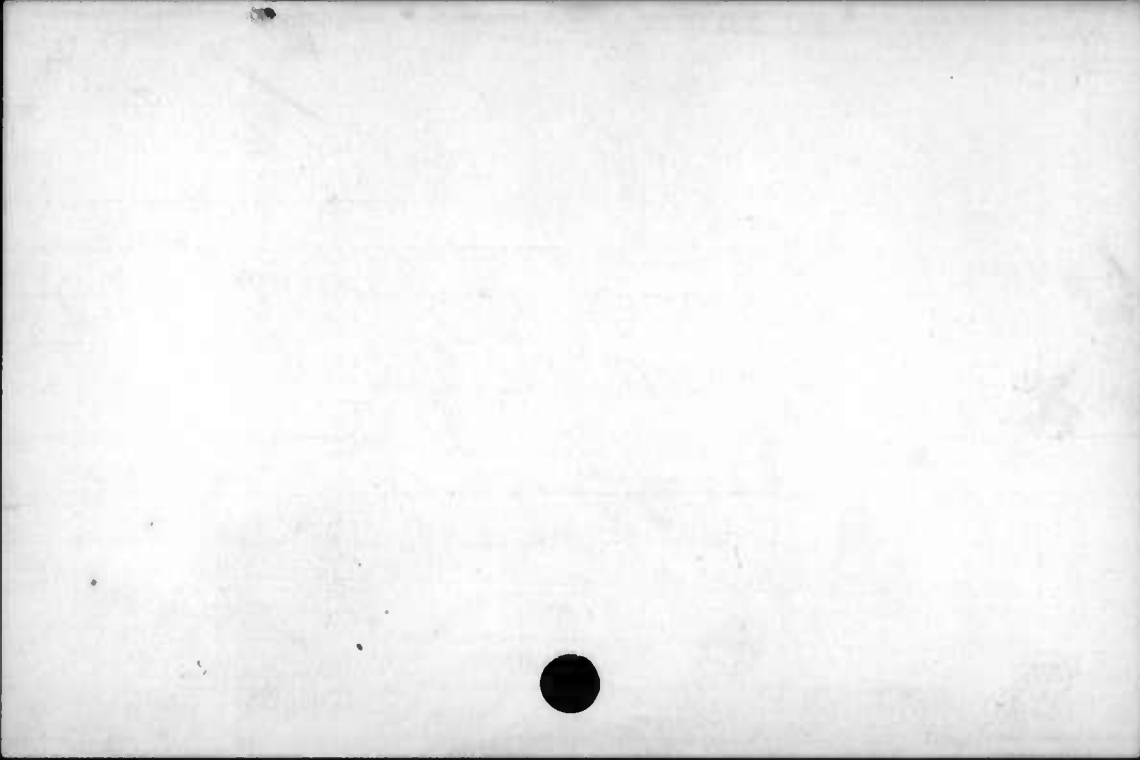
Died at <i>Alexia</i> Town		County <i>Carroll</i>		MARYLAND	
Date of death <i>1909</i>	Month <i>Feb</i>	Day <i>4</i>	Age <i>5</i>	Months <i>5</i>	Days <i>5</i>
Sex <i>Male</i>	Color or Race <i>White American</i>	Birth-place <i>Alexia</i>			
Occupation <i>None</i>		Where Residing if not at place of death <i>Alexia</i>			
Married, Single or Widowed <i>single</i>	Name of Wife or Husband <i>—</i>				
Father's Name <i>Charles Hersch</i>	Father's Birthplace <i>Manchester</i>				
Mother's Maiden Name <i>Minnie Brown</i>	Mother's Birthplace <i>Alexia</i>				
Name of person giving information <i>Charles Hersch</i>	How related to deceased <i>Father</i>				

## CAUSES OF DEATH

179

PHYSICIAN  
OR CORONER

Primary <i>Marasmus</i>	How long <i>Two months</i>
Immediate <i>Quarantine</i>	How long <i>4 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Dr. Preston G. M. M. M.</i>
	Address <i>Manchester</i>
Accident or Suicide? <i>—</i>	<i>md</i>



Name  
in  
Full

novel W. Hobbs

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

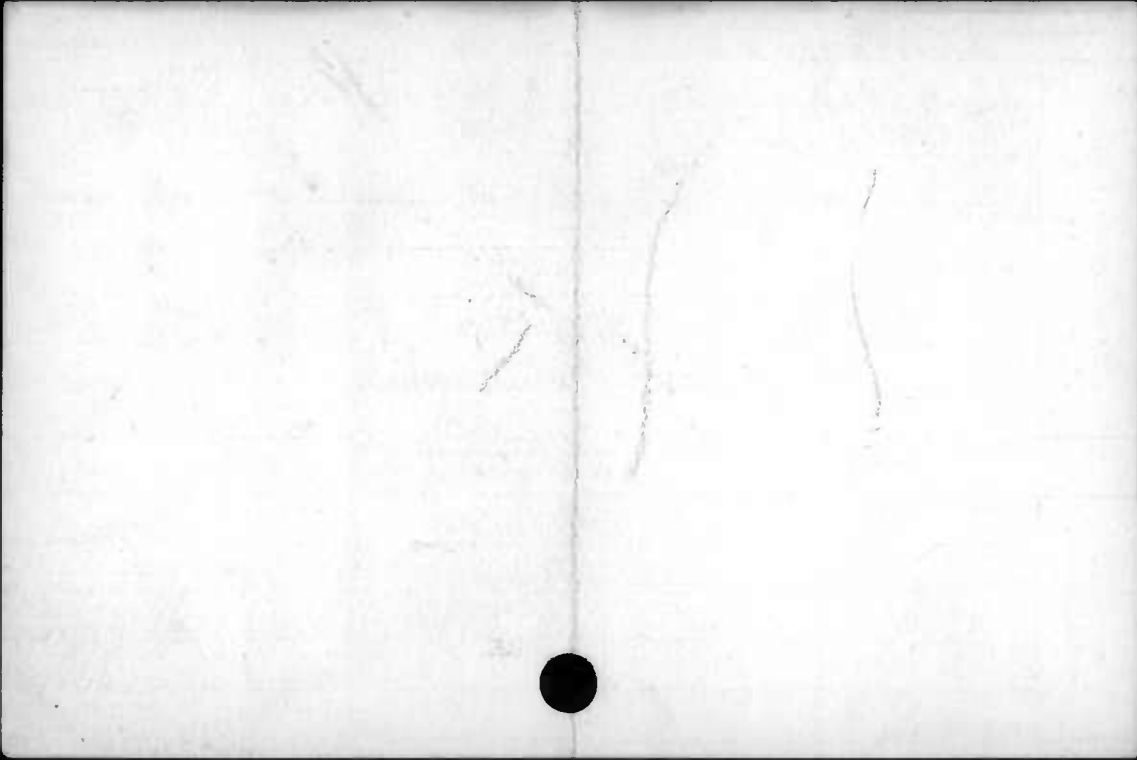
Died at		Town <i>Putney</i>		County <i>Carroll</i>		MARYLAND	
Date of death		Month <i>7</i>	Day <i>27</i>	Age <i>3</i>	Years <i>2</i>	Months <i>1</i>	Days
Sex <i>male</i>		Color or Race <i>white American</i>		Birth place <i>Putney Ind</i>			
Occupation <i>—</i>		Where Residing if not at place of death <i>—</i>					
<del>Married</del> , Single or <del>Married</del>		Name of Wife or Husband <i>—</i>					
Father's Name <i>Wilford E. Hobbs</i>		Father's Birthplace <i>Fredk Co Ind</i>					
Mother's Maiden Name <i>Hannie A Dietrich</i>		Mother's Birthplace <i>Putney Ind</i>					
Name of person giving information <i>Wilford E. Hobbs</i>		How related to deceased <i>Father</i>					

## CAUSES OF DEATH

(63)

PHYSICIAN  
OR CORONER

Primary <i>Infantile paralysis</i>	How long <i>5-days</i>
Immediate <i>lymphatic paralysis</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>W. E. Gave</i>
	Address <i>Putney Ind</i>
Accident or Suicide?	



Name

In Full

258  
CERTIFICATE OF DEATHTO BE ANSWERED BY  
NEAREST FRIEND

*Florence Miller Huff*  
 Died at *Westminster* <sup>Town</sup> *Edmore* <sup>County</sup>  
 Date of death *1907* <sup>Month</sup> *Oct* <sup>Day</sup> *11* <sup>Years</sup> *1* <sup>Months</sup> *7* <sup>Days</sup> *27*  
 Sex *Female* Color or Race *White* Birth-place *Maryland*  
 Occupation \_\_\_\_\_ Where Residing if not at place of death \_\_\_\_\_  
 Married, Single or Widowed *Single* Name of Wife or Husband \_\_\_\_\_  
 Father's Name *Edmund Huff* Father's Birthplace *Pa*  
 Mother's Maiden Name *Mary E. Adelsberger* Mother's Birthplace *11*  
 Name of person giving information *Edmund Huff* How related to deceased *Father*

## CAUSES OF DEATH

105

PHYSICIAN  
OR CORONER

Primary *Gastro-Enteritis* How long *13 days*  
 Immediate *Meningitis* How long *36 hrs*  
 Are the name, age, sex, color, date and place correctly given above? *yes*  
 Signature of Physician *Chas. R. Foy*  
 Address *Westminster Md*  
 Accident or Suicide? \_\_\_\_\_

1  
Littletown



Name  
in  
Full

Robert F. Hunter

268  
CERTIFICATE OF DEATHTO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Westminster		County Carroll		MARYLAND	
Date of death		1907	Month Oct	Day 29	Age 66	Years 8	Months 24
Sex Male		Color or Race White		Birth place Maryland			
Occupation House Carpenter				Where Residing if not at place of death			
Married, Single or Widowed Married		Name of Wife or Husband Elizabeth E. Harris					
Father's Name Daniel Hunter		Father's Birthplace Maryland					
Mother's Maiden Name Mary Turple		Mother's Birthplace do					
Name of person giving In formation John Hunter		How related to deceased Son					

## CAUSES OF DEATH

114

PHYSICIAN  
OR CORONER

Primary	Long Liver trouble, jaundice	How long	2 Months
Immediate	Heart Failure	How long	2. Months
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		Jas. H. Billings Jr. M.D.	
		Address Westminster Md	
Accident or Suicide?		No -	

Westminster

Name  
in  
Full

Mary M Leese

## CERTIFICATE OF DEATH

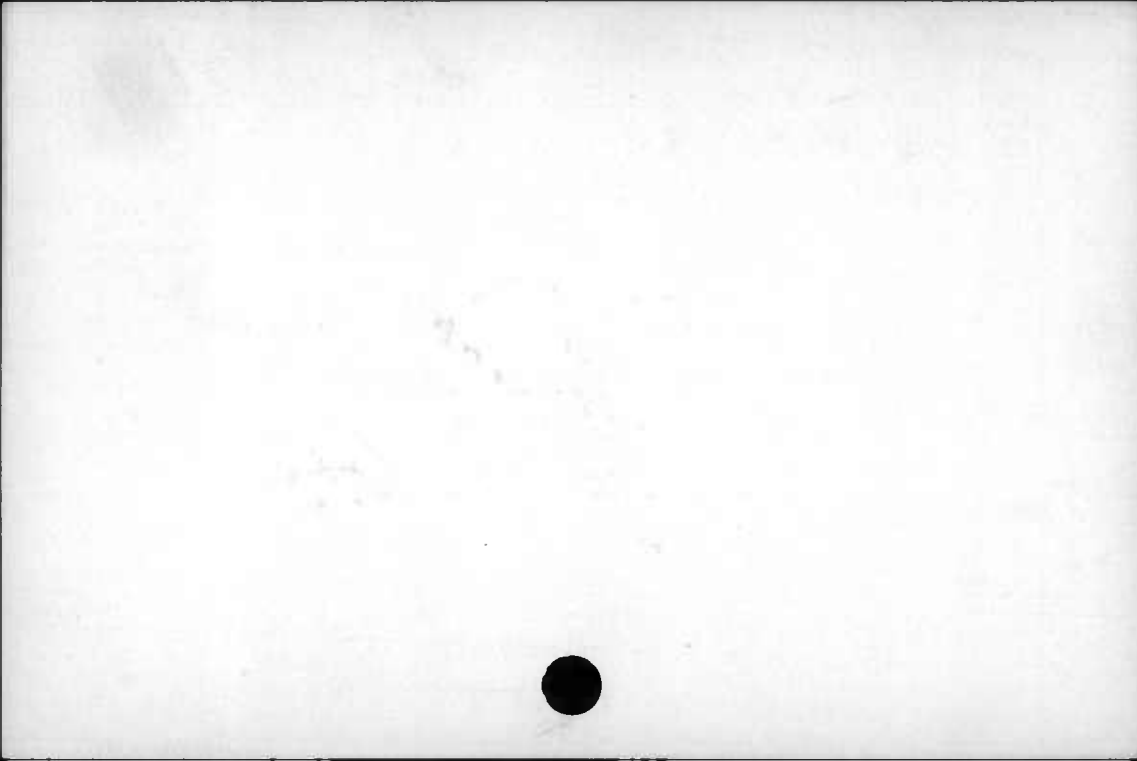
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Baltimore Mills</i>		County <i>Carroll</i>		MARYLAND	
Date of death	<i>1907</i>	Month <i>Oct</i>	Day <i>25</i>	Age <i>53</i>	Months <i>5</i> Days <i>25</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Carroll Co Md</i>		
Occupation <i>House wife</i>		Where Residing if not at place of death			
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Jeremiah Leese</i>				
Father's Name <i>Elias Bixler</i>	Father's Birthplace <i>Maryland</i>				
Mother's Maiden Name <i>Mary Bixler</i>	Mother's Birthplace <i>Maryland</i>				
Name of person giving information <i>Jeremiah Leese</i>		How related to deceased <i>Husband</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Lobular Pneumonia</i>	How long <i>1 day</i>
Immediate <i>Endocarditis</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J H Sherman M.D.</i>
	Address <i>Manchester Md</i>
Accident or Suicide?	



Name  
in  
Full

257  
CERTIFICATE OF DEATH

Carroll Irvin Mann

Town

County

MARYLAND

Died at

Patafisco

Carroll

Date

Month

Day

Age

Years

Months

Days

of death

1907

Oct

10

Age

Years

3

5

Sex

Male

Color or  
Race

White

Birth-  
place

MD

Occupation

Where Residing if not  
at place of death

Married, Single  
or Widowed

Name of Wife or  
Husband

Father's  
Name

William Mann

Father's  
Birthplace

MD

Mother's  
Maiden Name

Minnie Buckingham

Mother's  
Birthplace

"

Name of person giving  
In formation

Wm Mann

How related  
to deceased

Father

CAUSES OF DEATH

157

Primary

Marasmus

How long

1 month

Immediate

Heart Failure

How long

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

Thos J. Coonan, MD

Address

West

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Sandyville

Name  
in  
Full

George L. Martin

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

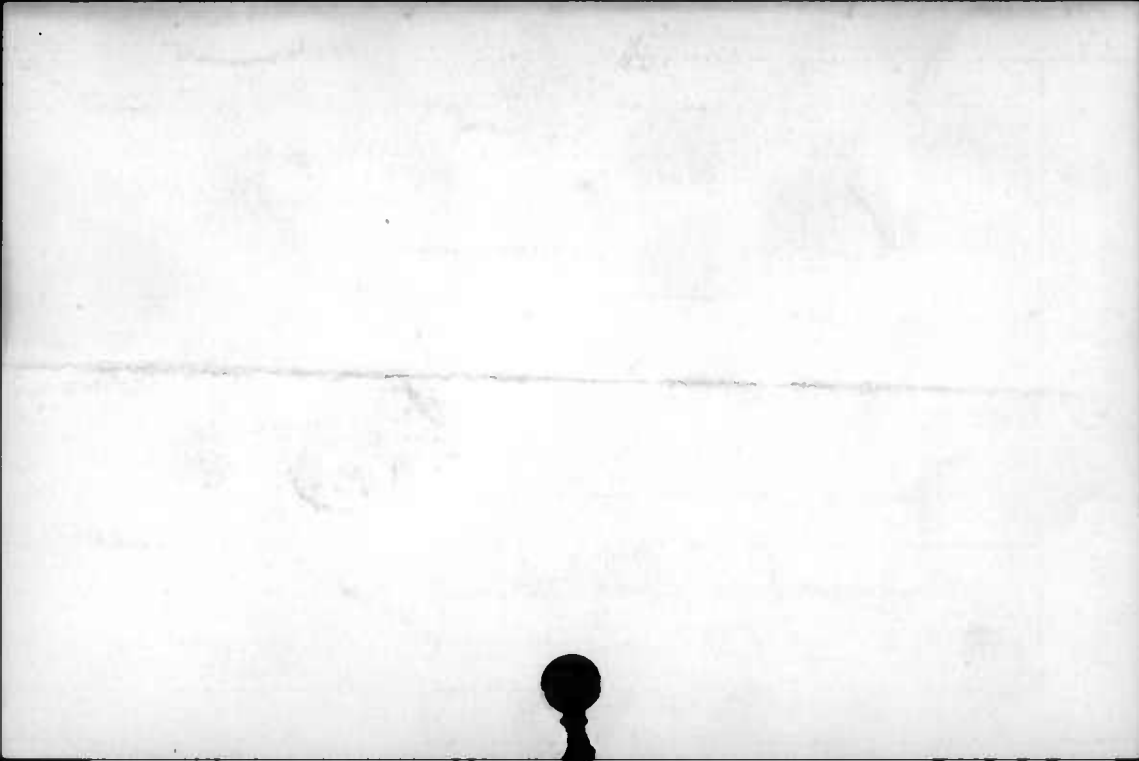
Died at <i>Springfield Hospital</i>		Town <i>Carroll</i>		County <i>Carroll</i>		MARYLAND	
Date of death <i>1907</i>	Month <i>Oct.</i>	Day <i>3</i>	Age <i>30</i>	Years	Months	Days	
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>md.</i>				
Occupation <i>None</i>	Where Residing if not at place of death						
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband						
Father's Name <i>Unknown</i>	Father's Birthplace <i>Unknown</i>						
Mother's Maiden Name <i>Unknown</i>	Mother's Birthplace <i>Unknown</i>						
Name of person giving information <i>Hospital records</i>	How related to deceased						

## CAUSES OF DEATH

74

PHYSICIAN  
OR CORONER

Primary <i>Delivery</i>	How long <i>congenital</i>
Immediate <i>Cerebral Congestion</i>	How long <i>6 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Chas. J. Cary</i>
	Address <i>Sykesville Md.</i>
Accident or Suicide? <i>No</i>	





Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Lysome</i> Town			<i>Bonall</i> County			MARYLAND		
Date of death	1907	Month	Oct.	Day	30	Age	Years	Months
								9
								5
Sex	<i>Female</i>			Color or Race	<i>White</i>			Birth-place
Occupation	<i>Infant</i>			Where Residing if not at place of death				
Married, Single or Widowed	<i>12</i>			Name of Wife or Husband				
Father's Name	<i>Wm. H. Mares</i>					Father's Birthplace	<i>Ind</i>	
Mother's Maiden Name	<i>Carrie Leary</i>					Mother's Birthplace	<i>Ind</i>	
Name of person giving information	<i>Edward Mares</i>					How related to deceased	<i>Uncle</i>	

CAUSES OF DEATH

(61)

PHYSICIAN  
OR CORONER

Primary	<i>Meningitis</i>	How long	<i>2 days</i>
Immediate	<i>Infection - Genl &amp; Exhaustion</i>	How long	<i>" "</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Y</i>	Signature of Physician	<i>Charles D. Reep</i>
		Address	<i>Taneytown</i>
			<i>Ind</i>
Accident or Suicide?			

Barst church

Heaven 1054

Name  
in  
Full

Katherine Viola Miller

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

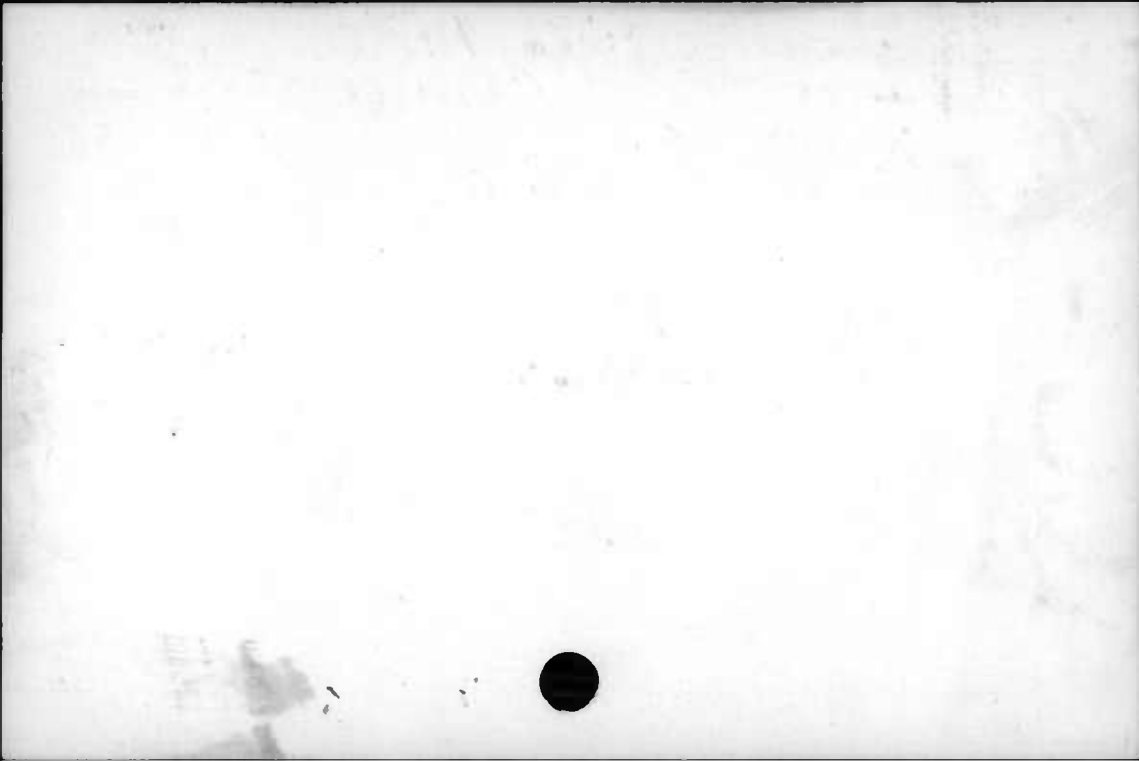
Died at <i>Millers</i> <sup>Town</sup>		<i>Cornell</i> <sup>County</sup>		MARYLAND	
Date of death 190 <i>4</i> <sup>Month</sup> <i>Oct-</i> <sup>Day</sup> <i>28</i>		Age <sup>Years</sup> <i>1</i> <sup>Months</sup> <i>8</i> <sup>Days</sup>			
Sex <i>Female</i>		Color or Race <i>white</i>		Birth-place <i>Millers</i>	
Occupation <i>None</i>		Where Residing if not at place of death <i>in</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband			
Father's Name <i>Daniel Miller</i>		Father's Birthplace <i>Millers</i>			
Mother's Maiden Name <i>Savilla Ruhl</i>		Mother's Birthplace <i>Millers</i>			
Name of person giving information <i>Mother</i>		How related to deceased <i>Mother</i>			

## CAUSES OF DEATH

150

PHYSICIAN  
OR CORONER

Primary <i>Open Heart</i>		How long <i>Since Birth</i>	
Immediate <i>Heart Failure</i>		How long <i>1 hour</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Dr. Martin W. Mauchester</i>	
Address <i>Mauchester</i>			
Accident or Suicide? <i>no</i>			



Name  
in  
Full

Rebecca J Miller

261  
CERTIFICATE OF DEATHTO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town near Westminster		County Baltimore		MARYLAND	
Date of death		1907	Month Oct	Day 17	Age	Years 83	Months 23
Sex	Female		Color or Race	white		Birthplace	Maryland
Occupation	General house work		Where Residing if not at place of death				
Married, Single or Widowed	Widow		Name of Wife or Husband John H Miller				
Father's Name	Jacob Snyder		Father's Birthplace Maryland				
Mother's Maiden Name	Julia A. Myers		Mother's Birthplace "				
Name of person giving information	Agnes Miller		How related to deceased Daughter				

## CAUSES OF DEATH

134

PHYSICIAN  
OR CORONER

Primary	Old age		How long	Two weeks
Immediate	Gastric Diarrhea		How long	Two weeks
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician John H. Stewart		
		Address Westminster		
Accident or Suicide?		Lemuel C. No		



Name  
in  
Full

## CERTIFICATE OF DEATH

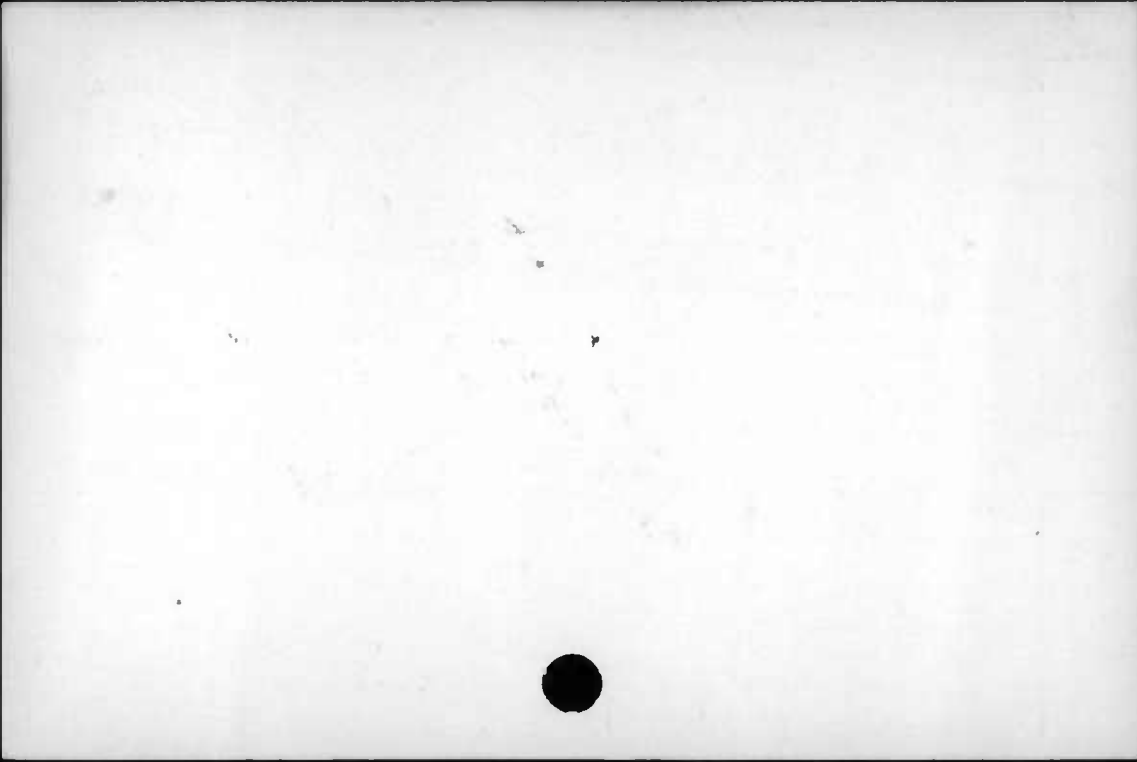
TO BE ANSWERED BY  
NEAREST FRIEND

Still Born Mobley  
 Died at <sup>Town</sup> Westminster <sup>County</sup> Carroll MARYLAND  
 Date of death 1907 <sup>Month</sup> Oct <sup>Day</sup> 29 Age <sup>Years</sup> <sup>Months</sup> <sup>Days</sup>  
 Sex Male Color or Race white Birth-place Md  
 Occupation none Where Residing if not at place of death  
 Married, Single or Widowed single Name of Wife or Husband  
 Father's Name Robert Mobley Father's Birthplace Md  
 Mother's Maiden Name Daisy May Wright Mother's Birthplace Md  
 Name of person giving information Robert Mobley How related to deceased **S** Father

## CAUSES OF DEATH

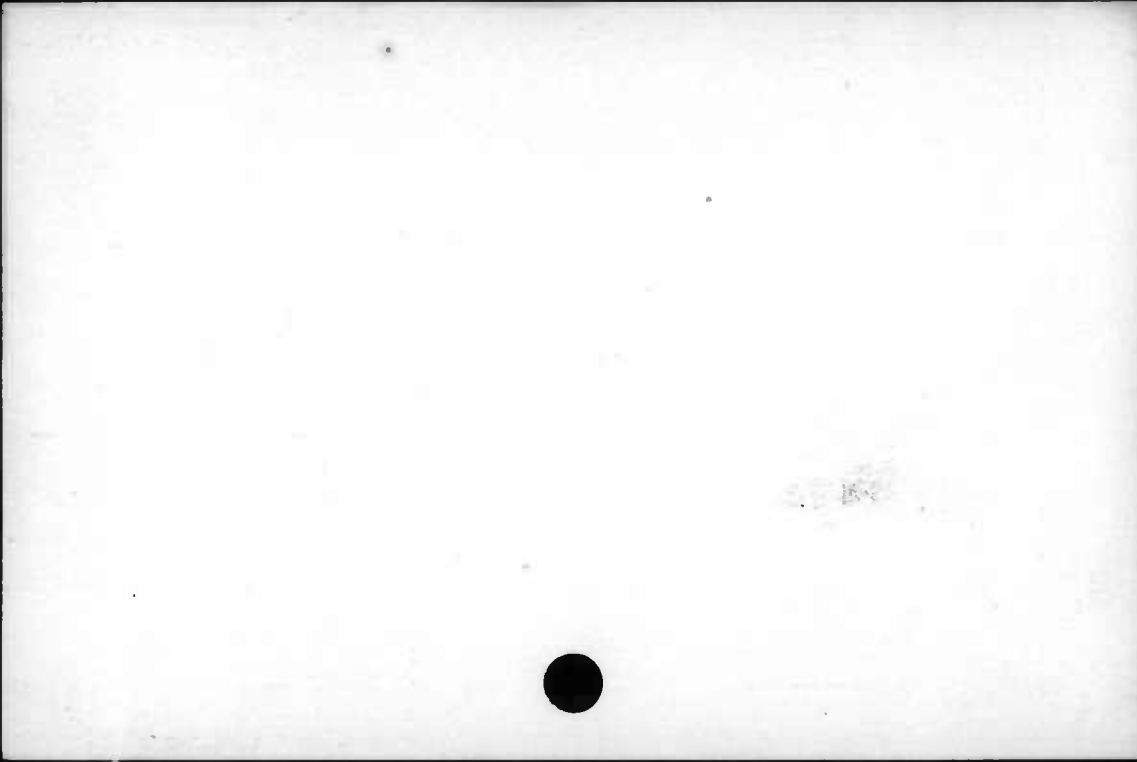
PHYSICIAN  
OR CORONER

Primary Premature How long  
 Immediate  
 Are the name, age, sex, color, date and place correctly given above? yes  
 Signature of Physician Chas R. Foutz  
 Address Westminster Md.  
 Accident or Suicide?





Name in Full		CERTIFICATE OF DEATH						
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town	County	MARYLAND		
		Date of death		190	Month	Day	Age	Years
		Sex		Male	Color or Race	Black	Birth-place	Maryland.
		Occupation			Where Residing if not at place of death			
		Married, Single or Widowed		Name of Wife or Husband				
		Father's Name			Father's Birthplace			
		Mother's Maiden Name			Mother's Birthplace			
PHYSICIAN OR CORONER		Name of person giving information			How related to deceased			
		CAUSES OF DEATH						
		Primary			How long			
		Immediate			How long			
Accident or Suicide?		Are the name, age, sex, color, date and place correctly given above?			Signature of Physician			
					Address			



Name  
is  
Full

## CERTIFICATE OF DEATH

John T. Myers

Town

County

Died at Springfield Hospital

Carroll

MARYLAND

Date of death 1907 Oct.

Day

14

Age

Years

70

Months

Days

Sex

male

Color or  
Race

White

Birth-  
place

Md

Occupation

Carpenter

Where Residing if not  
at place of death~~Married~~  
or WidowedName of Wife or  
HusbandFather's  
Name

Unknown

Father's  
Birthplace

Md.

Mother's  
Maiden Name

"

Mother's  
Birthplace

"

Name of person giving  
Information

Hospital records

How related  
to deceased

## CAUSES OF DEATH

123

Primary

Senile dementia

How long

5 1/2 years

Immediate

Cystitis

How long

15 days

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

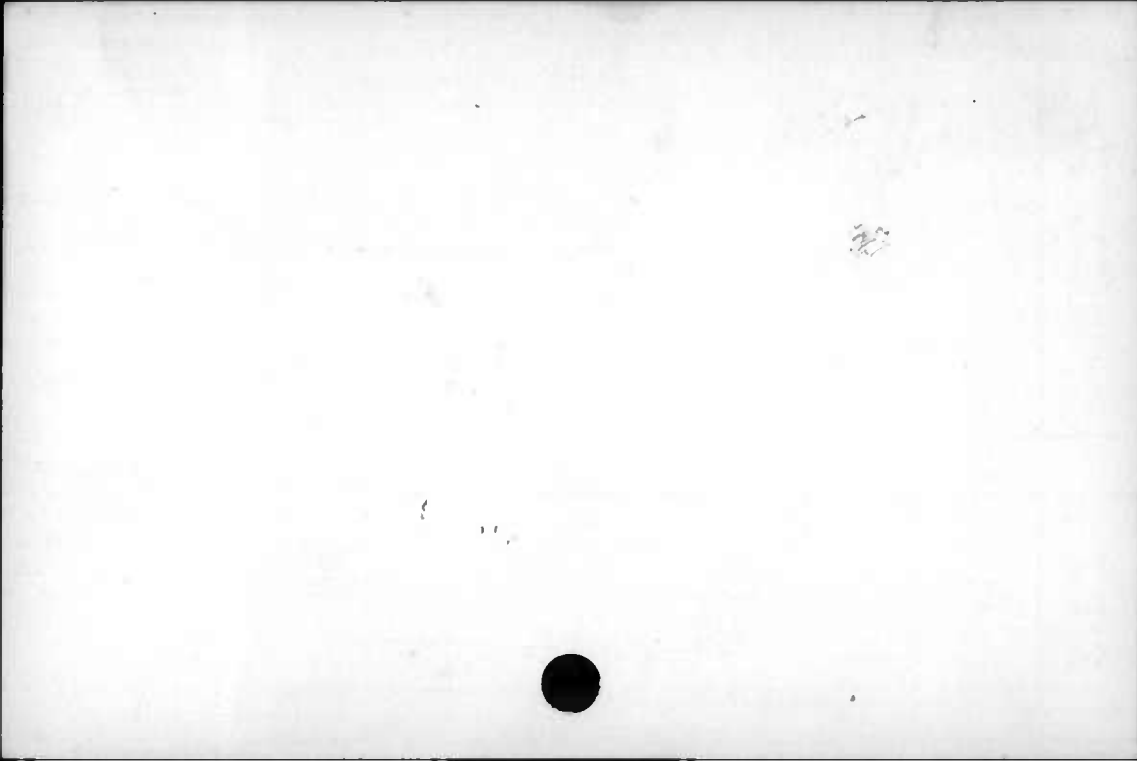
Address

Chas. J. Carey  
Sydneyville Md.

Accident or Suicide?

No

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name

in  
Full

Abel Augustus Norris

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Rehms creek</i> Town		<i>Carroll</i> County		MARYLAND	
Date of death	<i>1907 Oct</i>	Month	<i>7</i>	Days	<i>21</i>
Sex	<i>Male</i>	Color or Race	<i>White</i>	Birthplace	<i>Maryland</i>
Occupation	<i>Farmer</i>	Where Residing if not at place of death <i>Rehms creek</i>			
Married, Single or Widowed	<i>Married</i>	Name of Wife or Husband <i>Martha E. Norris</i>			
Father's Name	<i>Israel Norris</i>	Father's Birthplace <i>Maryland</i>			
Mother's Maiden Name	<i>Ellenor G. Anderson</i>	Mother's Birthplace <i>Maryland</i>			
Name of person giving information	<i>Samuel Bond</i>	How related to deceased <i>ns</i>			

## CAUSES OF DEATH

(66)

PHYSICIAN  
OR CORONER

Primary	<i>Paralysis</i>	How long	<i>5 days</i>
Immediate	<i>Yes</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>J. T. Brooks</i>	
		Address <i>Marvaton Md.</i>	
Accident or Suicide?			



Name  
in  
Full

## CERTIFICATE OF DEATH

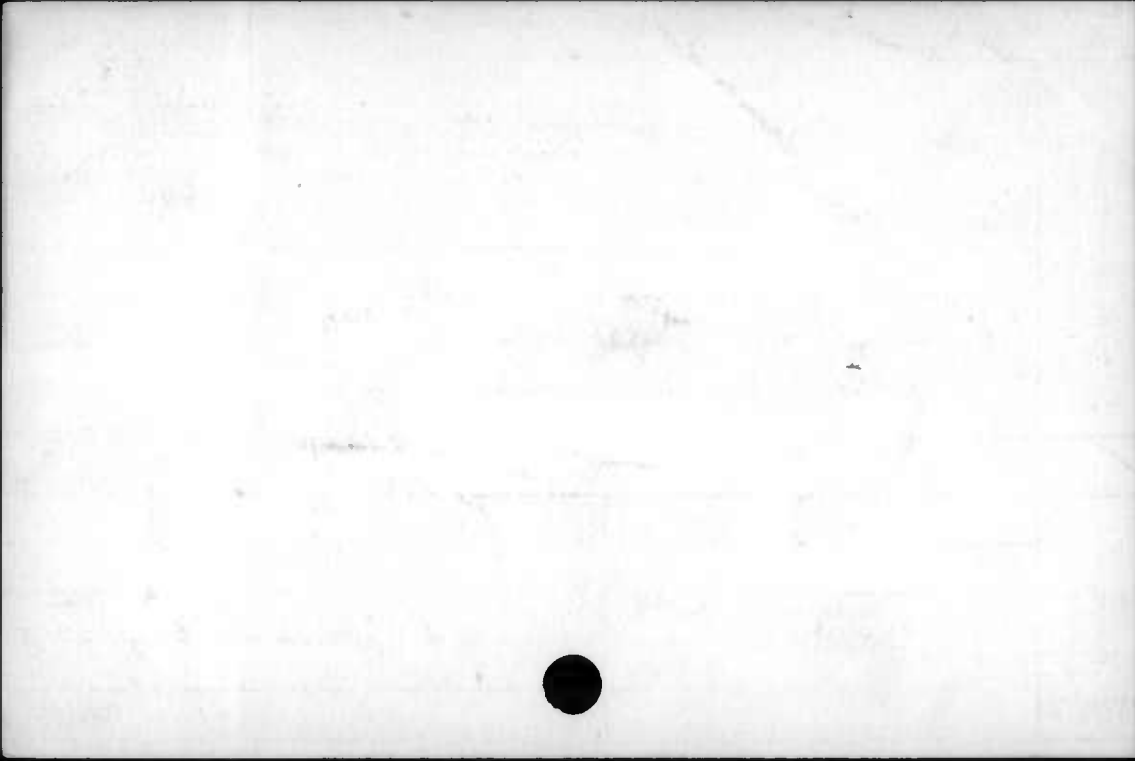
TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Marie Orem</i>		Town <i>Sylkesville</i>		County <i>Carroll</i>		State <i>MARYLAND</i>	
Died at <i>Sylkesville</i>		Month <i>Oct</i>		Day <i>12<sup>th</sup></i>		Age Years <i>—</i> Months <i>2</i> Days <i>—</i>	
Date of death <i>1907</i>		Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Sylkesville</i>	
Occupation <i>None</i>				Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>—</i>				Name of Wife or Husband <i>—</i>			
Father's Name <i>Nimrod Orem</i>				Father's Birthplace <i>Ind</i>			
Mother's Maiden Name <i>Florence</i>				Mother's Birthplace <i>Ind</i>			
Name of person giving information <i>Nimrod Orem</i>				How related to deceased <i>Father</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Enterocolitis</i>		How long <i>5 days</i>	
Immediate <i>Exhaustion</i>		How long <i>24 hrs.</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>W. Frank Lucas, M.D.</i>	
		Address <i>Sylkesville Ind</i>	
<i>Accident or Suicide?</i>			





Name in Full		Not Married Palmer				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at		Hampstead		Carroll		MARYLAND	
	Date of death		1907		Oct 30		Age	
	Sex		Female		Color or Race		White	
	Occupation				Birth-place		Hampstead	
	Where Residing if not at place of death							
	Married, Single or Widowed				Name of Wife or Husband			
	Father's Name		Wm E Palmer		Father's Birthplace			
Mother's Maiden Name		Sallie A Palmer		Mother's Birthplace				
Name of person giving information				How related to deceased		(S)		
CAUSES OF DEATH								
PHYSICIAN OR CORONER	Primary		Premature Death				How long	
	Immediate						How long	
	Are the name, age, sex, color, date and place correctly given above?				Signature of Physician		R. F. Richards	
					Address		Hampstead	
	Accident or Suicide?							

It may be said that the  
O. & A. Co. is a  
Wash. Co. Co.

Name  
in  
Full

Ina Belle Pickett

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

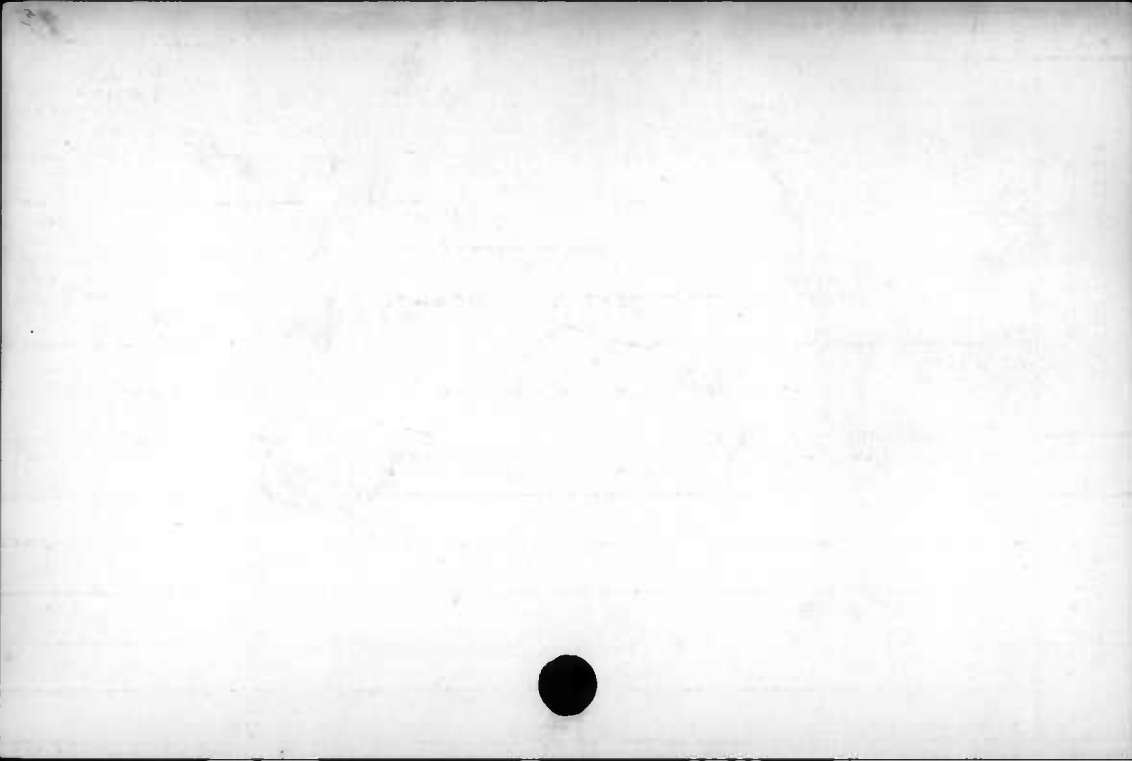
Died at		Town <i>Danile</i>		County <i>Carroll</i>		MARYLAND	
Date of death	1907	Month <i>Oct</i>	Day <i>14</i>	Age <i>7</i>	Years <i>7</i>	Months <i>11</i>	Days <i>11</i>
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>Paul Md.</i>				
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed <i>—</i>			Name of Wife or Husband <i>—</i>				
Father's Name <i>Calvin E Pickett</i>				Father's Birthplace <i>Danile Md.</i>			
Mother's Maiden Name <i>Goldie Belle Keefe</i>				Mother's Birthplace <i>Townytown Md.</i>			
Name of person giving information <i>Calvin E Pickett</i>				How related to deceased <i>father</i>			

## CAUSES OF DEATH

105

PHYSICIAN  
OR CORONER

Primary	<i>Enterocolitis</i>	How long	<i>7 weeks</i>
Immediate	<i>Cerebritis</i>	How long	<i>10 days</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>yes</i>		<i>E D Crout</i>	
		Address	
		<i>Winfield Carroll Co</i>	
Accident or Suicide?			



Name  
in  
Full

Powell

266  
CERTIFICATE OF DEATHTO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Westminster</i>		County <i>Carroll</i>		MARYLAND	
Date of death	1907	Month <i>Oct</i>	Day <i>28</i>	Age <i>7 years</i>	Months Days
Sex <i>Female</i>	Color or Race <i>Nulatto</i>		Birth- place <i>Westminster</i>		
Occupation <i>none</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband			
Father's Name <i>Unknown</i>		Father's Birthplace <i>unknown</i>			
Mother's Maiden Name <i>Agnes Powell</i>		Mother's Birthplace <i>md.</i>			
Name of person giving In formation <i>W. H. Powell</i>		How related to deceased <i>Grandfather</i>			

## CAUSES OF DEATH

(151)

PHYSICIAN  
OR CORONER

Primary <i>premature birth</i>	How long
Immediate <i>inanimation</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Henry M. Litchugh</i>
	Address <i>1102, Main St Westminster, Md</i>
Accident or Suicide?	

Western Chapel cemetery.  
Stoner.

Name  
in  
Full

*Leeah J Beindollar* ✓

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

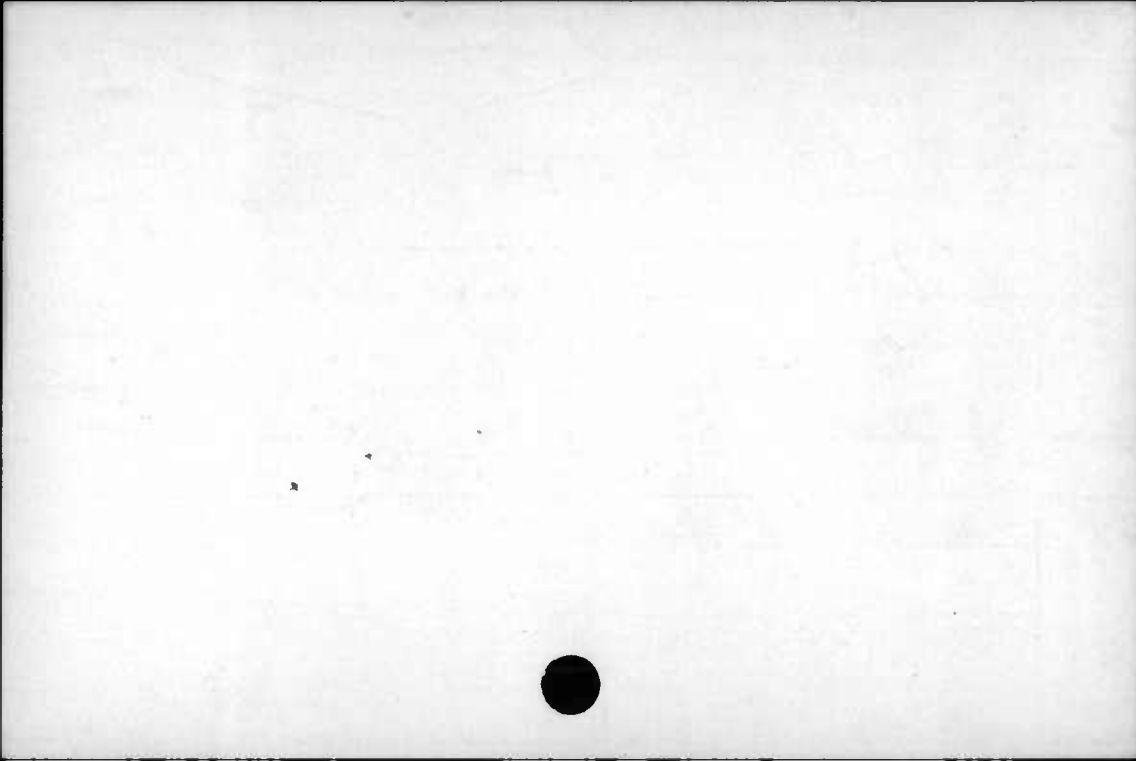
Died at <i>Lancetown</i> <small>Town</small>		<i>Carroll</i> <small>County</small>		MARYLAND	
Date of death <i>1907</i>	<i>10</i> <small>Month</small>	<i>25</i> <small>Day</small>	<i>48</i> <small>Years</small>	<i>1</i> <small>Months</small>	<i>4</i> <small>Days</small>
Sex <i>Female</i>	Color or Race <i>White</i>	Birth place <i>Frederick Co</i>			
Occupation <i>Housewife</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>Married</i>	Name of <del>Wife or</del> Husband <i>William M Beindollar</i>				
Father's Name <i>Phillip Hammond</i>	Father's Birthplace <i>Fred Co Md</i>				
Mother's Maiden Name <i>Jane E Hagan</i>	Mother's Birthplace <i>" "</i>				
Name of person giving information <i>Mrs J de Jones</i>	How related to deceased <i>Sister</i>				

CAUSES OF DEATH

**43**

PHYSICIAN  
OR CORONER

Primary <i>Metastatic Carcinoma of Breast</i>	How long <i>18 months</i>
Immediate <i>Carcinoma Stomach - Exhaustion</i>	How long <i>2 months</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Charles R. Ross</i>
	Address <i>Lancetown Md</i>
Accident or Suicide?	





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *Johnathan B Ridgely* County *Carroll* MARYLAND

Died at *Hood's Mills* Town *Hood's Mills* Date of death *1907 Oct. 17* Age *23* Months *7* Days *11*

Sex *Male* Color or Race *White* Birth-place *Unknown*

Occupation *Farmer* Where Residing If not at place of death *—*

Married, Single or Widowed *Married* Name of Wife or Husband *Susan W Ridgely*

Father's Name *Unknown* Father's Birthplace *Unknown*

Mother's Maiden Name *Unknown* Mother's Birthplace *Unknown*

Name of person giving information *Edward D Ridgely* How related to deceased *Son*

## CAUSES OF DEATH

154

PHYSICIAN  
OR CORONER

Primary *Simple debility* How long *2 yrs*

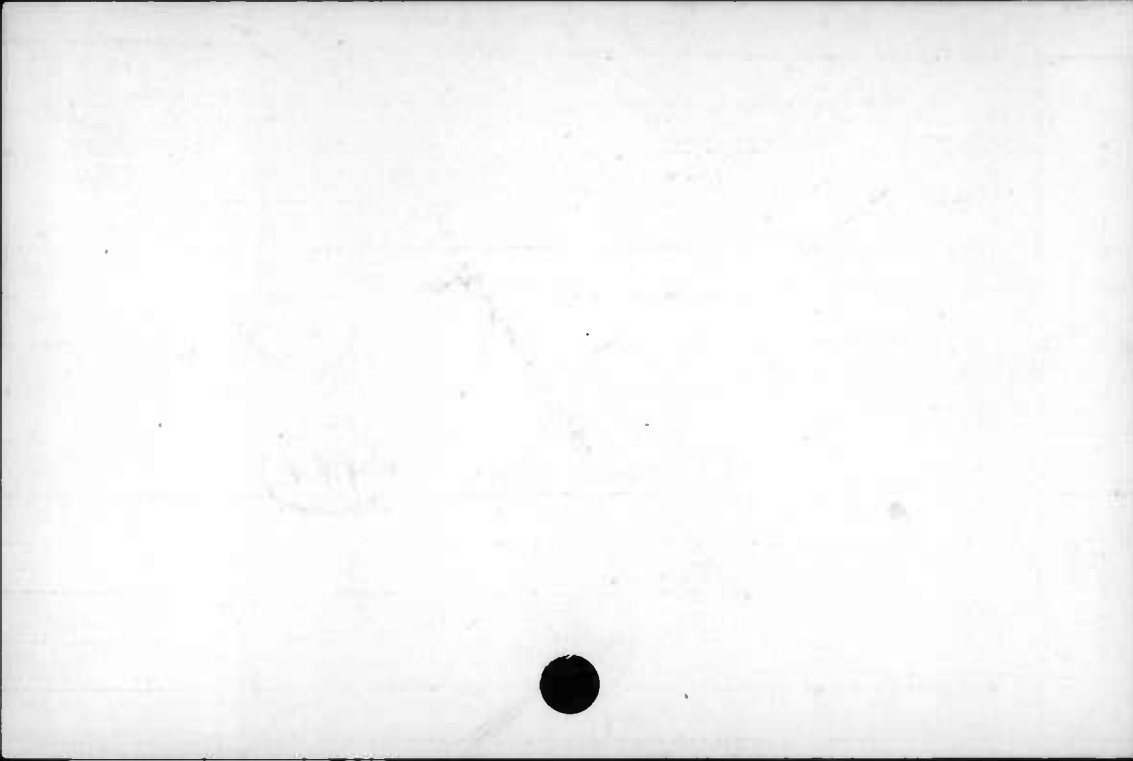
Immediate *Paralysis* How long *5 days*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *E D Crank*

Address *Winfield Carroll Co*

Accident or Suicide? *—*



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

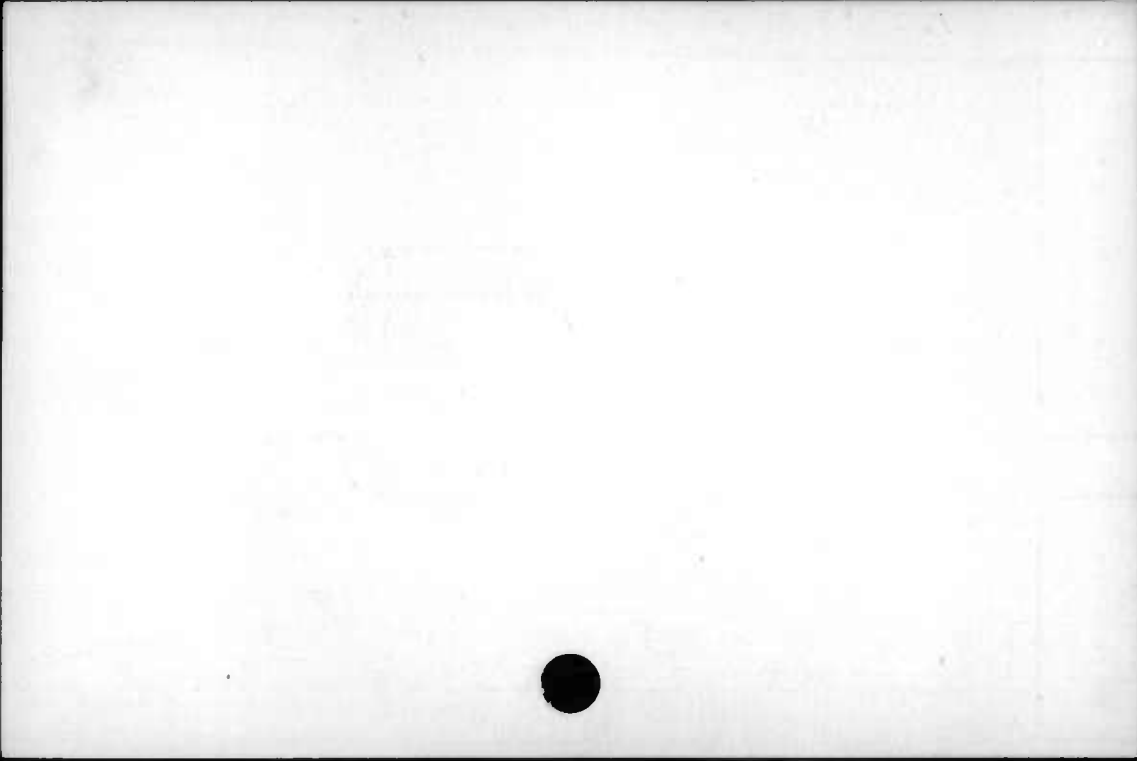
Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1907		October	26				7
Sex	Female	Color or Race	White		Birth-place	Hampstead	
Occupation				Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband					
Father's Name		Deason Rimmer				Father's Birthplace	
Mother's Maiden Name		Mathe Louise				Mother's Birthplace	
Name of person giving information		Father				How related to deceased	

## CAUSES OF DEATH

137

PHYSICIAN  
OR CORONER

Primary	Gradual Weakness	How long	one week
Immediate	Heart failure	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		R. P. Richards	
		Address	
		Hampstead	
Accident or Suicide?			



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *John Sowers*

Died at *Taneytown* Town *Leist* County *Carroll*

Date of death *1907* Month *10* Day *31* Age *73* Years Months *11* Days *12*

Sex *Male* Color or Race *White* Birth-place *Carroll Co Md*

Occupation *Carpenter* Where Residing if not at place of death

Married, Single or Widowed *Married* Name of Wife or Husband *Nancy Sowers*

Father's Name *Elias Sowers* Father's Birthplace *Md*

Mother's Maiden Name *Elizabeth Shriner* Mother's Birthplace *Carroll Co Ind*

Name of person giving information *Nancy Sowers* How related to deceased *Wife*

## CAUSES OF DEATH

154

PHYSICIAN  
OR CORONER

Primary *Old age* How long *1 year*

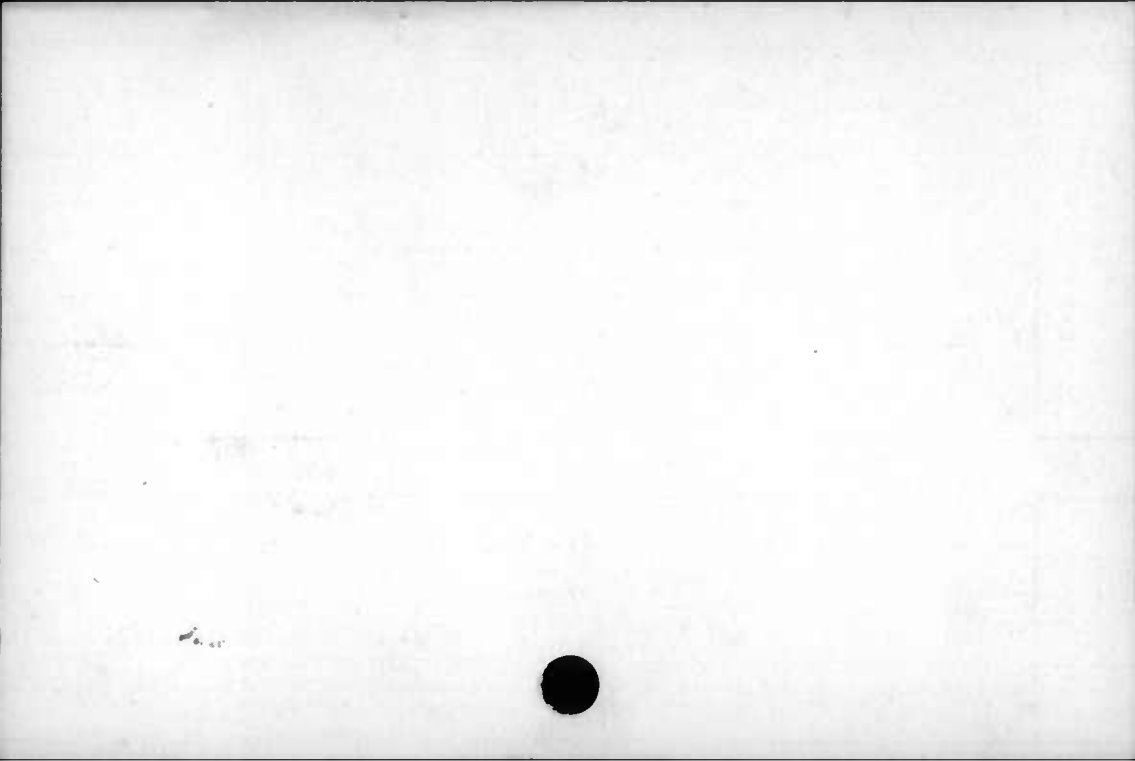
Immediate *Heart Failure* How long *Sudden*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *Charles E. Long*

Address *Taneytown Md*

Accident or Suicide?



Name  
in  
Full

Josiah Q. Stitely

262

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

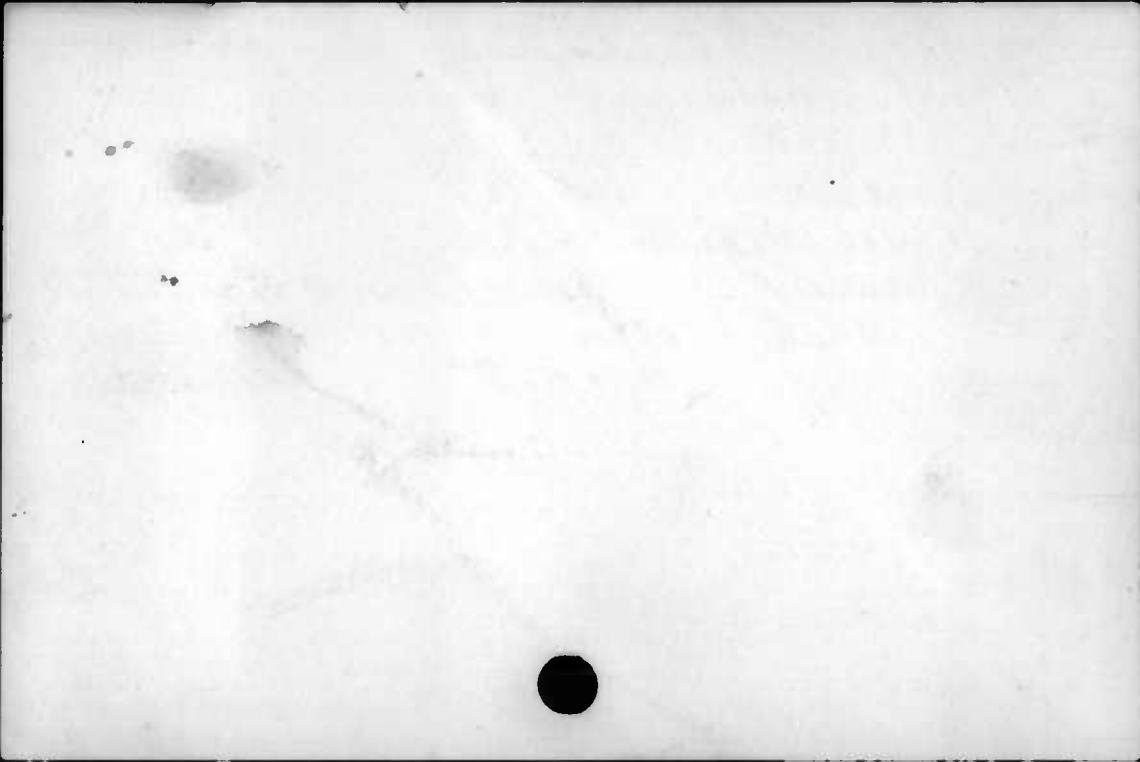
Died at		Town		County		STATE	
Westminster		Carroll		Maryland			
Date of death	10/20/90	Month	Oct.	Day	20	Age	78
Sex		Color or Race		Birth-place		Months	
Male		White		Frederick Co.		3	
Occupation		Where Residing if not at place of death		Days		5	
Retired		Westminster					
Married, Single or Widowed		Name of Wife or Husband					
Married		Adaline Eiler					
Father's Name		Father's Birthplace					
George Stitely		Laurens Pa					
Mother's Maiden Name		Mother's Birthplace					
Anna Mary		Laurens Pa					
Name of person giving information		How related to deceased					
J. Stitely		Son					

## CAUSES OF DEATH

45

PHYSICIAN  
OR CORONER

Primary	Carcinoma (General)	How long	Several years
Immediate	Uremia	How long	24 hrs.
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		Chas. R. Foutz, M.D.	
Address		Westminster	
Accident or Suicide?		md	





Name  
in  
Full

Maria Stockdale

267  
CERTIFICATE OF DEATHDied at <sup>Town</sup> near Luksburg<sup>County</sup> Carroll

MARYLAND

Date

of death

1907

Month

Oct

Day

29

Age

Years

63

Months

—

Days

—

—

Sex

Female

Color or

Race

White

Birth-

place

Penn

Occupation

House Wife

Where Residing if not

at place of death

—

Married, Single

or Widowed

Married

Name of Wife or

Husband

John Thomas Stockdale

Father's

Name

Jacob Mosco

Father's

Birthplace

Germany

Mother's

Maiden Name

Jane Leick

Mother's

Birthplace

Maryland

Name of person giving

information

John S. Stockdale

How related

to deceased

Husband

CAUSES OF DEATH

(108)

Primary

Intusussception

How long

Oct 23, 07

Immediate

How long

one week

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of

Physician

D. A. Shipley M.D.

Address

Kertminister Ind.

Accident or Suicide?

no

LIBRARY BUREAU 488616

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

Mr Pleasant Gember

Name  
in  
Full264  
CERTIFICATE OF DEATHTO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Potosi</i> <sup>Town</sup>		<i>Carroll</i> <sup>County</sup>		MARYLAND	
Date of death <i>1907</i>	<i>10</i> <sup>Month</sup>	<i>26</i> <sup>Day</sup>	Age <i>none</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>male</i>	Color or Race <i>white</i>		Birth-place <i>Ind</i>		
Occupation <i>none</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>—</i>			Name of Wife or Husband <i>—</i>		
Father's Name <i>Charles Uhler</i>			Father's Birthplace <i>Ind</i>		
Mother's Maiden Name <i>Susan Frank</i>			Mother's Birthplace <i>Ind</i>		
Name of person giving information <i>Miss Uhler</i>			How related to deceased <i>aunt</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Still born</i>	How long
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician <i>Jaatt Wilson M.D.</i>
		Address <i>Fowblesburg Ind</i>
Accident or Suicide?		

Sunday Morn

11  
10  
9  
8  
7  
6  
5  
4  
3  
2  
1

Name  
in  
Full

Noah Walker.

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

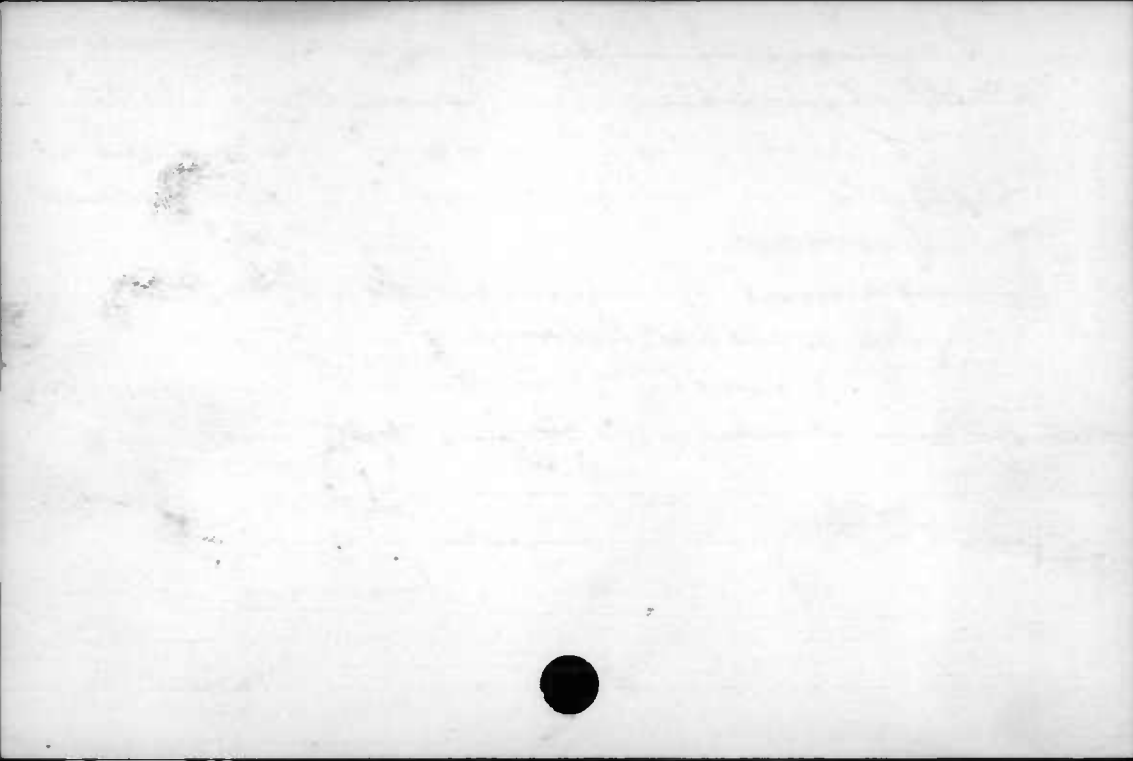
Died at <u>Hampstead</u> <sup>Town</sup>		<u>Carroll</u> <sup>County</sup>		MARYLAND	
Date of death	1907	Month	10	Day	15
Age		77		Years	0
Sex		Male		Color or Race	White
Occupation		Farmer		Birth-place	Germany
Where Residing if not at place of death		Hampstead, Md.			
Married, Single or Widower		Single			
Name of Wife or Husband		M. R. R. R.			
Father's Name		Not known		Father's Birthplace	Germany
Mother's Maiden Name		Not known		Mother's Birthplace	Germany
Name of person giving information		William Walker		How related to deceased	Son

## CAUSES OF DEATH

11

PHYSICIAN  
OR CORONER

Primary	Typhoid Fever.	How long	1 wk.
Immediate	Cerebral Hemorrhage.	How long	24 hrs.
Are the name, age, sex, color, date and place correctly given above?		Yes.	
Signature of Physician		Edgar M. Bush.	
Address		Hampstead, Md.	
Accident or Suicide?		X	



Name  
In  
Full

Reuben E Walker

256

CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at

Westminster

Carroll

Date

of death 1907

Month Oct

Day 6

Age

Years 66

Months 6

Days 19

Sex

Male

Color or  
Race

Colored

Birth-  
place

Maryland

Occupation

Laborer

Where Residing if not  
at place of deathMarried, Single  
or Widowed

Married

Name of Wife or  
Husband

Amanda Mason

Father's  
Name

Orwell Walker

Father's  
Birthplace

Md

Mother's  
Maiden Name

Do not know

Mother's  
BirthplaceName of person giving  
Information

Amanda Walker

How related  
to deceased

Wife

CAUSES OF DEATH

179

Primary

General Debility

How long

Several years

Immediate

Exhaustion

How long

2 days -

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

Chas. R. Fox

Address

Westminster

Md.

Accident or Suicide?

LIBRARY BUREAU A06610

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER





Name in Full		254 CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Died at <u>Mexico</u> <small>Town</small>		<u>Carroll</u> <small>County</small>	
		Date of death <u>1907</u> <small>Month</small> <u>Oct.</u> <small>Day</small> <u>3</u>		Age <u>72</u> <small>Years</small>	
		Sex <u>Male</u>		Color or Race <u>White</u>	
		Occupation <u>Retired</u>		Where Residing if not at place of death <u>Home</u>	
		Married, Single or Widowed <u>Married</u>		Name of Wife or Husband <u>Mary Hette</u>	
		Father's Name <u>Fred K. H. Wette</u>		Father's Birthplace <u>Germany</u>	
PHYSICIAN OR CORONER		Mother's Maiden Name <u>Don't know</u>		Mother's Birthplace <u></u>	
		Name of person giving information <u>August Wette</u>		How related to deceased <u>Son</u>	
		CAUSES OF DEATH <u>(166)</u>			
Primary <u>Parsleyer</u>		How long <u>2 days</u>			
Immediate <u>Same</u>		How long <u></u>			
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>		Signature of Physician <u>M. J. Rott</u>			
		Address <u>W. H. Minster, Md</u>			
Accident <u></u> Suicide? <u></u>					

German Lutheran Cemetery  
Stoner

Name  
in  
Full

Elizabeth Williams

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

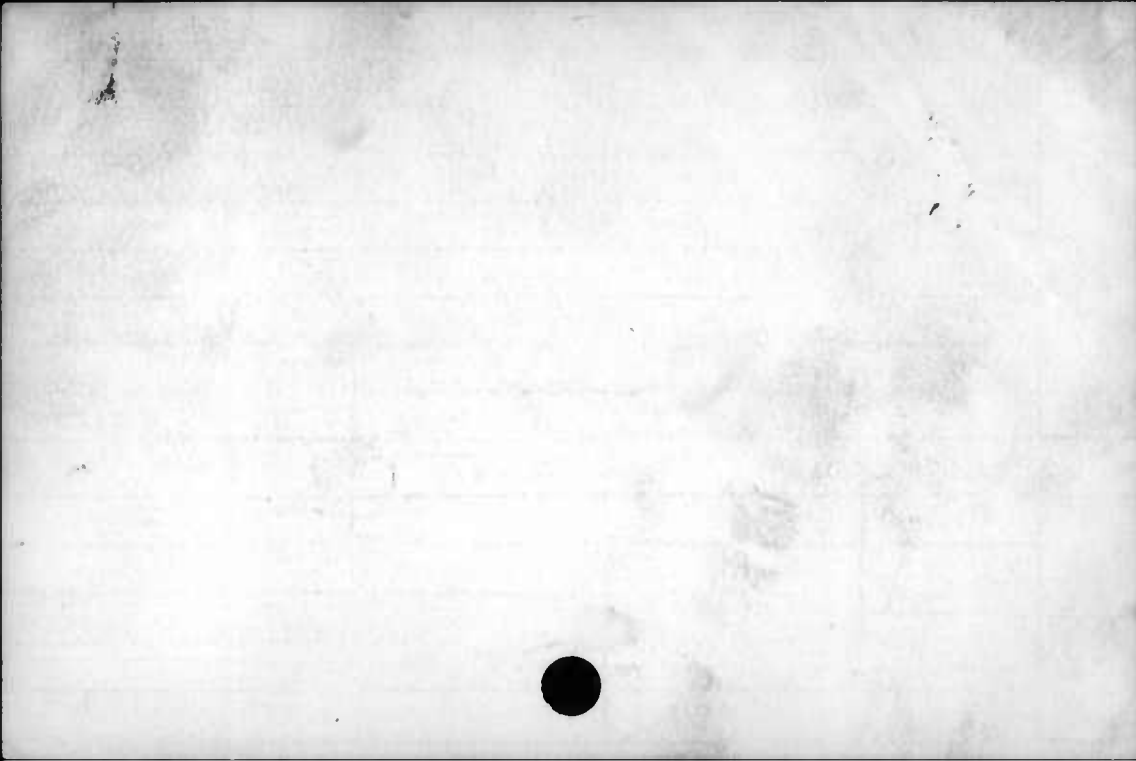
Died at		Town <i>Ridgville</i>		County <i>Carroll</i>		MARYLAND	
Date of death	1907	Month <i>Oct</i>	Day <i>30</i>	Age	Years <i>33</i>	Months <i>7</i>	Days
Sex	<i>Female</i>		Color or Race	<i>Colored</i>		Birth- place	<i>New Market Twp., Co. Ind.</i>
Occupation	<i>House wife</i>			Where Residing if not at place of death			
Married, Single or Widowed	<i>Married</i>		Name of Wife or Husband	<i>Saml. Williams</i>			
Father's Name	<i>Moses Dorsey</i>				Father's Birthplace	<i>Dont Know</i>	
Mother's Maiden Name	<i>Susan Dorsey</i>				Mother's Birthplace	<i>Dont Know</i>	
Name of person giving in formation	<i>Saml. Williams</i>				How related to deceased	<i>Husband</i>	

## CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary	<i>Pulmonary Tuberculosis</i>	How long <i>4 months</i>
Immediate		
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician
		Address <i>Wt. Va. Md.</i>
Accident or Suicide?		



TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Name  
in  
Full

250  
CERTIFICATE OF DEATH

Died at

Guy Caple Jeff  
Reese

County

Carroll

MARYLAND

Date

of death 1907

Month

Oct

Day

3

Age

Years

Months

4

Days

4

Sex

Male

Color or  
Race

White

Birth-  
place

Maryland

Occupation

Where Residing if not  
at place of death

Married, Single  
or Widowed

Name of Wife or  
Husband

Father's  
Name

Clarence W. Jeff

Father's  
Birthplace

Maryland

Mother's  
Maiden Name

Maggie B. Caple

Mother's  
Birthplace

Id

Name of person giving  
in formation

Clarence W. Jeff

How related  
to deceased

Father

CAUSES OF DEATH

104

Primary

Acute Indigestion

How long

1 week

Immediate

Gastro-Enteric Intoxication

How long

3 days

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

E. M. Sullivan

Address

146 Main St  
Westminster

Accident or Suicide?

LIBRARY BUREAU A55616

Pleasant Grove

Sharon